



*The Confluence Heritage Society Summer Day Camp
2018- Junior Explorers- Ages 4-6*

Rocky Mountain House National Historic Site

403-845-6680

E mail: summercamp.chs@gmail.com

Participants Name: _____

Parent(s)/ Legal Guardian Name(s): _____

Address: _____

Phone Numbers:

Home: _____

Work: _____

Date of Birth _____

Cell: _____

*****Dates to Participate*****

*****Please select one or the other. The program will repeat.*****

Half Day Camp

July 17-20, 2018

9am-12pm _____

OR

1pm-4pm _____

Your child does not have to come to a complete week of camp, you may sign up for days only

The cost of camp is 15\$ a day or four days for 50\$.

Please pay prior to your first day of camp. Payment secures your childs place. Space is limited.

Total due: _____ Payment method: _____

**** Please note, you child should have a back pack for the day. Included inside should be a snack, extra change of pants, in case of accident, sunscreen and bug spray labelled with the child's name, a sweater/coat for the change in weather, a water bottle and hat. CLOSED TOE SHOES MUST be worn. NO flip flops! This is all for your child's protection. Thank you.****

Emergency Contact

NOT A PARENT- this is someone to contact in the event that we have tried the phone numbers already listed.

Name: _____

Relation: _____

Phone Numbers. Home/Work/Cell: _____

Health Information:

Does your child have any allergies, life threatening or non? Please list them here, the reaction and medical actions required. _____

Does your child require corrective lenses? _____

Does your child have any health issues that staff should be aware of? (Diabetes, Epilepsy, Asthama, Cerebral Palsy, ect) _____

Does your child need any help with toileting? If yes please explain

Medications: Any medication (over-the-counter and/or prescribed) required by a participant must be brought with them in original packaging with dosage instructions and clearly labeled with their name. Medications are given to the camp leader or first aid provider upon arrival at the activity/event/camp for storage. The camp leader or first aid provider will supervise the taking of medication by children according to instructions provided. Participants must be willing to take their medication; they have the right to refuse. They will not be given any medication that is not provided by parents/guardians.

Comments: _____

Please list the people who DO NOT have your permission to pick up your child from The Confluence Heritage Society Summer Day Camp. _____

- Please attach a current photo of your child.
- All of the above information will be kept confidential and used only in the event of an emergency.

I give my permission for my child named above to attend the Confluence Heritage Society summer day camp, on the dates above.

Signed: _____ *Date:* _____

Image Release Form

In the course of activities, staff from Parks Canada, The Confluence Heritage Society and the Métis Local 845 as well as staff from The Mountaineer and The Western Star and other media may take photographs or otherwise record events (film, sketches, ect). These photographs, ect. are sometimes used to promote the summer camp, the park or other events. Promotions are done by way of, but not limited to: posters, videos, photographs, multi-media products.



I, _____, give permission to The Confluence Heritage society and its partners, to photograph and record me and/or my child/ward’s image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to The Confluence Heritage Society by me or third parties involved in the events, in whole or in part, now and in the future, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of The Confluence Heritage Society. I, on my own behalf and/or on behalf of my child/ward assign and transfer to The Confluence Heritage Society any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child/ward may have in this material. I release The Confluence Heritage Society and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.

Printed Name of model: _____

Signature of the model: _____

Printed Name of Parent/Guardian if model is under 18:

Parent/Guardian Signature if model is under 18:

Date: _____

