

# Town of Ingersoll

## CAMP / P.D DAY INFORMATION FORM

### CAMPER'S INFORMATION

Gender M F

\_\_\_\_\_  
Camper's First Name

\_\_\_\_\_  
Camper's Last Name

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  M                  D                  Y

Address \_\_\_\_\_

City & Postal Code \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP CAMPER

The Town of Ingersoll / Victoria Park Community Centre may release my child into the care of the following individual(s) during the Camp day or at the end of the Camp day. Only those people listed here as well as the registering parents/guardians and the emergency contact will be able to pick up my child. All will need to show their own Photo personal identification. **\* Children will not be released to unauthorized individuals until written/verbal consent is obtained directly from parents.**

1. \_\_\_\_\_  
                  First Name                  Last Names
2. \_\_\_\_\_  
                  First Name                  Last Names
3. \_\_\_\_\_  
                  First Name                  Last Names

### PARENT / GUARDIAN INFORMATION

Only the Custodial Parents or Legal Guardians may be listed below and may complete or modify the information on this form.

Have you previously registered a child for Camp? Yes No

**Parent / Guardian 1** Mother Father Guardian

(\_\_\_\_)\_\_\_\_\_  
Evening Phone Number                  Cellular Number

(\_\_\_\_)\_\_\_\_\_  
Daytime Phone Number                  Extension

\_\_\_\_\_  
                  First Name                  Last Name

\_\_\_\_\_  
Email Address

**Parent / Guardian 2** Mother Father Guardian

(\_\_\_\_)\_\_\_\_\_  
Evening Phone Number                  Cellular Number

(\_\_\_\_)\_\_\_\_\_  
Daytime Phone Number                  Extension

\_\_\_\_\_  
                  First Name                  Last Name

### Cancellation / Modification Policy

No refunds will be given after the week/day of camp commences, however a credit will be applied to the family account. A full refund will be given if cancellation is given by the Friday prior to the registered camp week. All refunds are subject to a \$20.00 administration fee.

**Special Requirements of your child** : (eg. Physical and/or learning disabilities) No \_\_\_\_ Yes \_\_\_\_

**Allergies:** No \_\_\_\_ Yes \_\_\_\_ if yes, please describe \_\_\_\_\_

**Medications:** No-\_\_\_\_ Yes \_\_\_\_ if yes, please list \_\_\_\_\_

**(If medication needed during camp hours a separate medication form must be filled out)**

See other Side

# EMERGENCY CONTACT

Contact if the registering parents / guardians cannot be reached.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship \_\_\_\_\_

( ) \_\_\_\_\_  
Evening Phone Number Cellular Number

( ) \_\_\_\_\_  
Daytime Phone Number Extension

I certify that the information provided in this registration form is, to my knowledge, true and complete.

\_\_\_\_\_  
Print Name of Parent / Legal Guardian

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date

## CONSENT FORM AND MEDICAL CONSENT STATEMENT

I understand as a parent / guardian of a child who is a participant in Camp of the Town of Ingersoll, my child will participate in activities on the grounds of the Town of Ingersoll including all Town of Ingersoll park lands. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that the Town of Ingersoll, its trustees, officers, directors, employees, agent and independent contractors, shall not be liable for any injury to my child or any loss / damage of my child's personal property arising from, or in any way resulting from, my child's participation in these activities.

I have provided the Town of Ingersoll with all the necessary medical information and can be reached at the number(s) listed. I authorize the Town of Ingersoll to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

## PHOTO RELEASE (OPTIONAL)

I hereby certify that I am the parent / guardian of a minor who is under 18 years of age and who wishes to attend Camp operated by the Town of Ingersoll. I do irrevocably grant all right of any kind, whether known or becoming known, in and to all still and digital photographs, motion pictures or video tapes made by the Town of my child, his / her acts and appearances, or the sound recordings made by the Town of his/her voice, throughout the world forever by any known or later-discovered means and the use of any photographs and sound records of my child or his / her name for advertising, promotional or commercial purpose of any kind without any additional compensation. I hereby release the Town from any and all claims for libel and invasion of privacy. I understand that this release is irrevocable by me so that the Town may proceed in full reliance thereon.

\_\_\_\_\_  
Print Name of Parent / Legal Guardian Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date: \_\_\_\_\_

## WALK CONSENT FORM

The following form is to give your permission to the Town of Ingersoll staff to take your child on a short excursion outside the Victoria Park Community Centre building (i.e. neighbourhood walks).

I, \_\_\_\_\_, give the staff of The Town of Ingersoll my permission  
(Parent/guardian's name)

To take my child \_\_\_\_\_ on short excursions off site.  
(Child's name)

Parent/Guardian Signature: \_\_\_\_\_