

Niagara Historical Society & Museum 2017 Kid Curator Camp Registration

Please provide your email address below to receive your registration confirmation, newsletters and information guide! IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

Main Contact

Last Name: _____ First Name: _____
 Main Phone: _____ Secondary Phone: _____ Cell: _____
 Address: _____ City _____ Postal Code: _____
 Email: _____

Secondary Contact

Last Name: _____ First Name: _____
 Main Phone: _____ Secondary Phone: _____ Cell: _____
 Address: _____ City _____ Postal Code: _____
 Email: _____

Camper Information

Last Name: _____ First Name: _____
 Birthdate
 (MM/DD/YYYY)
 Address: _____ City _____ Postal Code: _____

Emergency Pick Up or Alternate Pick Up

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by staff when the parent/guardian cannot be reached. They must have a valid government photo I.D when picking up your child.

Last Name: _____ First Name: _____
 Main Phone: _____ Secondary Phone: _____ Cell: _____
 Address: _____ City _____ Postal Code: _____
 Relationship: _____
 Email: _____



Campers must be signed in and out by a parent/guardian or person over the age of 16. If other arrangements need to be made for drop off and pick up, please contact the staff person listed below.

CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to the NHSM. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by NHSM staff. I hereby agree that any behaviour of the registrant that places him/herself or others at risk may result in the registrant’s immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session.

I have read and understand the Code of Conduct. Signature: _____

Health History and Personal Information

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Program Manager, Staff and your child’s counselor. If there is additional information of a sensitive nature, please feel free to send a separate letter marked ‘confidential’ to the attention of the Program Manager. Whatever information you send to us will be treated with confidence and respect.

Is the participant under any form of treatment for an illness, condition or injury? Yes No

If yes, please explain and detail routines, medications, adaptations etc. We also require you to complete a Medication Dispensing Form.

Does your child use a puffer? Yes No

Carries Epi-pen: Yes No

For: _____

Wears Medic-Alert Bracelet: Yes No

For: _____

Allergies

Seasonal Yes No _____

Drugs Yes No _____

Food Yes No _____

Insect Yes No _____

Other Yes No _____

Camp Week Selection

Date	Program Fee		Total Session Fee
July 24-28 10am-4pm daily	\$125.00		
August 14-18 10am-4pm daily	\$125.00		
Total			

Confirmation, Payment, Cancellations and Refund

You will receive confirmation of registration within two weeks of receipt of your completed forms and payment. If you have not received your confirmation of registration within two weeks please contact our Program Manager to make sure your registration was received. Requests for cancellations or refunds must be made to the Program Manager via phone or email. Cancellation requests received at least 15 days before the start of camp will receive a refund. Cancellation requests that are received after 12 p.m. on the Friday before the program session starts will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather.

I have read and understand the Cancellation and Refund Statement.

Signature: _____

Assumption of Risk

While NHSM staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the NHSM, its directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

____ PLEASE INITIAL

Registration Agreement

I _____ give my child _____ permission to participate in the Niagara Historical Society & Museum's Summer Children's Program. I understand that the program will sometimes incorporate brief walking tours of local historically significant sites, and give my child permission to travel off-site with appropriate supervision by Museum Staff.

Signature of Parent/ Guardian _____ Date _____

Notes:

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- Weather permitting, we will be spending as much time outdoors as possible. Please have your child dress appropriately for the weather & temperature of that day and bring water. We will still go on our expeditions if it rains!
 - We may be walking to several historical sites in Old-Town NOTL. Please have your child wear their walking shoes!
 - We may schedule alternate pick-up/drop off locations to facilitate day trips. Details to come!

 - Contact **Shawna Butts** at the Niagara Historical Museum with any program inquiries. You can reach by phone at **905.468.3912** or by email at sbutts@nhsm.ca



Photo and Video Consent and Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the NHSM may, from time to time, take photographs and/or video recordings of NHSM based activities or events that include real people, which photographs and video recordings will be used by the NHSM, for its own informational, promotional or advertising purposes, and by any other person authorized by NHSM (an “**Authorized Third Party**”) to use such photos or video recordings, in connection with such Authorized Third Party’s support for, association with, or arrangements with, NHSM (collectively, the “**Purposes**”). For purposes of this Form, “NHSM” refers to Niagara Historical Society and Museum.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name of Participant: _____

Telephone No.: _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____