



# SerENiTY

## KiDZ CENTRE

**MARCH BREAK CAMP\* MARCH 12TH -16TH, 2018 \* 151 LAKESHORE ROAD WEST, MISSISSAUGA, ONTARIO \***

**1-888-833-7342**

### **PART A: CAMPER INFORMATION**

Camper First Name \_\_\_\_\_

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

Birth Date D/M/YY \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Camper resides with Health Card Number

\_\_\_\_\_

### **PART B: FAMILY/GUARDIAN INFORMATION**

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business \_\_\_\_\_

Phone \_\_\_\_\_

Family Address Apt/Unit \_\_\_\_\_ City/town+ \_\_\_\_\_

Postal Code \_\_\_\_\_

**PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION**

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Family Guardian will be allowed to pick up camper

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

**PART D: REGISTRATION**

**March 12-16 (5 days)**

**Session Dates: Your cost AM Care & PM Care**

**Total amount of children \_\_\_\_\_**

**Cost Per child \$ \_\_\_\_\_**

**Total \$ \_\_\_\_\_**

**WAIVERS, DISCLAIMERS & CONSENT**

Medical Does Camper have special needs, medical conditions or allergies you would like us to know about:  YES  
 NO If yes, please list below (specify if your child carries an epi-pen-please ask for a medical form if your child requires daily medication or has severe allergies)

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Authorization for Field Trips  I give permission for my child to leave the premises of the Serenity Kidz Centre. I give permission to the staff of the Serenity Kidz Centre to take my child to all scheduled trip locations for the 2018 March Break Camp program. I agree that my child may be transported to trip sites by School Bus, Public Transit or by walking. I understand that my child will be escorted and supervised by the staff of The Serenity Kidz Centre while participating in these activities.

Authorization & Consent for Children Walking Home  I give permission to have my child walk home by him/herself (if 10+ years of age)  I give permission for my child to walk home with \_\_\_\_\_ friend or sibling must be older than 12)

Photography, Media Release & Waivers:  I hereby give Serenity Kidz Centre, and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to Serenity Kidz Centre, its member clubs and/or external partners. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Serenity Kidz Centre, and/or external partners. I release Serenity Kidz Centre and its agents from any and all claims, of any nature, based on any uses of the above.

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the Serenity Kidz Centre, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the Serenity Kidz Centre, the sponsors of said programs, or any of the Serenity Kidz Centre representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the Serenity Kidz Centre. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Code of Conduct (please see parent guide for details)  I have read the code of conduct and have reviewed them with my child

**Parent/Guardian** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_