



Atlantic Salmon Museum Day Camp
263 Main St., Doaktown, NB E9C 1A9
Email: atsalmuseum@gmail.com
Phone: (506)365-7787

REGISTRATION FORM

Full Name of Parent or Guardian (please print): _____

Mailing Address: _____

Telephone Number: _____ Cell: _____

Work: _____

Email Address: _____

Childs Name: _____

Date of Camp: _____

I am enclosing

- Registration form
- Campers Profile
- Medication Release
- Day Camp Agreement, Consent, and Waiver
- Payment \$125

Cheques can be made payable to The Atlantic Salmon Museum

Etransfer can be sent to atsalmuseum@gmail.com

Please forward this completed registration form with your payment and all other forms to : Atlantic Salmon Museum



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CAMPERS PROFILE

Childs Full Name : _____

Name He/She prefers to be called: _____

Home Address: _____

Date of Birth: _____ Age: _____

Full Name of Parent/Guardian: _____

Address (if different from above): _____

Telephone Number:

Home: _____ Cell: _____ Work: _____

Email Address: _____

Childs Medicare Number: _____

Expiration Date: _____

Allergies: _____

Specify any medications your child takes on a regular basis: _____

Please complete the medications release form if your child will be taking medications during the camp day.

Does your child suffer from any of the following:

Diabetes

Epilepsy

Ear Infections

ADD/ADHD

Asthma

Behavioral Disorders

Are there other medical conditions of which we should be aware of? _____

Should your child be restricted from any of our camp activities? _____

Childs Swimming Ability: excellent Satisfactory Poor

If your child will be picked up from camp by someone else other than his/her parent or guardian, please provide the following information:

Person #1

Full Name: _____

Relationship to child: _____

Contact Number: _____

Person or Persons **NOT** permitted to pick up your child: _____

EMERGENCY CONTACT:

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____



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DAY CAMP AGREEMENT, CONSET AND WAIVER FORM

Please read each section of this agreement carefully. Initial where indicated and include your signature and date at the bottom of the form.

ALL SECTIONS MUST BE INITIALED BEFORE THE FORM WILL BE CONSIDERED COMPLETE

PART A: DELIVERY PICK UP AND ABSENTEEISM

I understand that no child will be released from their care if staff is of the opinion that the child may be at risk.

I will be responsible for the care and transportation of my child to and from the Atlantic Salmon Museum and I will deliver my child directly to a Museum staff member.

I am aware that my child must be promptly dropped off and picked up by the start and conclusion of each camp day, and if there will be a delay, it is my responsibility to contact the Museum at (506)365-7787 to let them know.

If my child is leaving camp early, I understand that he/she must bring a signed note to give to staff in the morning.

I understand that children arriving and departing alone must be at least 8 years of age or older. It is my responsibility to leave a signed note with staff stating that my child has permission to arrive and leave on their own.

In the event of my child's absence due to illness or some other unforeseen circumstances, I understand that it is my responsibility to contact the Museum at (506)365-7787 before the beginning of the camp day to advise staff.

In the event of absenteeism due to illness or some other unforeseen circumstance, I accept that I am still responsible for full payment of the registration fee.

____Initial

PART B: HEALTH

I understand that I must sign the Medications Release form before staff can administer any medication to my child.

I understand that no child may attend who is judged to be ill or a source of infection

If my child is judged to be too ill to participate in the day's activities, I understand that I may be contacted to pick up my child and remove him/her from camp.

I am aware that it is my responsibility to notify staff if my child contracts a communicable disease and that he/she cannot return to the program until they are no longer infectious.

Should a sudden illness or accident occur, I hereby give consent for my child to be taken to the nearest emergency centre in circumstances where I cannot be reached. I consent for my child to receive medical treatment. I consent that in the event of a severe illness or accident or when a staff member cannot leave the facility, the means of transportation may be by ambulance and that I will subsequently be responsible for the costs of that transportation.

_____ Initial

PART C: APPROPRIATE BEHAVIOR

I understand that my child must not be disrespectful either in behaviour or in tone of his/her voice toward fellow campers or to the program staff. Disrespectful behaviour includes but is not limited to hitting, punching, kicking, biting, swearing, spitting, lying or refusing to obey instruction from staff. I accept that any willful damage of Museum property, stealing or destruction of items belonging to other campers will not be tolerated.

I understand that the first occurrence of any form of disrespectful behaviour, vandalism, or stealing will result in private conversation between my child and the Camp staff and include a warning.

I understand that a second occurrence will result in a consultation of the Museums Executive Director, Camp staff, and myself as the child's parent/guardian.

If there is a third occurrence, I accept that my child will be immediately expelled from the camp and that there will be no refund of registration fee.

_____ Initial

PART D: EXCURSIONS

I hereby give my permission for my child to participate in excursions off site from the property of the Atlantic Salmon Museum. I understand that these excursions involve walking. These excursions will include going to Miramichi Canoes, Doaktown Train Bridge, and Doak House Site.

I understand that all excursions will be carefully pre planned and adequately supervised.

_____ Initial

PART E: ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I acknowledge that I am aware of the details of the day camp activities and understand that there is a possibility of personal risk, damage or injury to my child. I agree to assume responsibility for those risk as a condition of registering for this program.

_____ Initial

PART F: INDEMNIFICATION AND RELEASE

I hereby attest to the fact that my child has no physical restrictions which would prohibit his/her participation in normal camp activities. I, understand being the parent or guardian, of said child, on behalf of my self, my heirs, legatees and assigns, agree to indemnify, sae and hold harmless the Atlantic Salmon Museum or any of its agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of camp activities.

_____ Initial

PART G: PHOTO RELEASE

I hereby release the right to use any photo, video materials of my child (without limitations on time or frequency) for promotional, instructional, or educational purposes with the regard to the program which operates under Atlantic Salmon Museum and its associated partners.

_____ Initial

PART H: SIGNATURE

By attaching my signature, I acknowledge that I have read and understand this agreement, consent, and waiver, and that I agree to abide by the conditions outlined herein while my child is a participant in the Atlantic Salmon Museum Day Camp.

Childs Name: _____ Age: _____

Signature of Parent: _____ Date: _____



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MEDICATION RELEASE

I, _____ hereby give permission for the staff of the Atlantic Salmon Museum Day Camp to administer to my child the medication listed below in any emergency situation which might occur. No other medication except that listed below shall be administered without my direct consent, except by trained medical professionals.

1. Allergy/Condition: _____

Medication: _____

Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____

2. Allergy/Condition: _____

Medication: _____

Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____

Parents Signature _____ Date _____