

Heritage Park Temple Summer Kids' Kamp Registration Form

1. Kids Kamp is for children in Ages 6-12, at the start of camp.
2. Leadership-In-Training is for children ages 13 and up, as of the start of camp.
3. Parent/Guardian, please read carefully, and complete the requested information.
4. Please fill out one registration form per family.
5. Confirmation of registration and your receipt will be provided upon payment.
6. PLEASE PRINT.

Registration Fee**:

Weekly: \$100.00 for first child
 \$75.00 for an additional child
 \$65.00 for another additional child

Limited subsidies are available for qualifying families

Child(ren)'s name	Male/Female	Birth date dd/mm/yy	Age at start of camp	Grade as of September 2021
1.				
2.				
3.				

Parent/Guardian 1 name: _____

Address: _____

Phone Number: Home _____ Cell _____ E-mail _____

Parent/Guardian 2 name: _____

Address: _____

Phone Number: Home _____ Cell _____ E-mail _____

Legal Custody:

Mother Father Both Other: _____

Are you working with a Child Care Agency, Support, or One on One Aide program?

If yes, please name the Organization: _____

Contact Name: _____ Contact number: _____

Please check the week you plan to attend:

(* denotes irregular schedule and adjusted pricing)

- | | |
|---|--|
| <input type="checkbox"/> Week 1 – July 5-9(*Free)
(The Kingdom and Its Army) | <input type="checkbox"/> Week 5 – August 2-6
(Adventureland) |
| <input type="checkbox"/> Week 2 – July 12-15 (*Free)
(Down on the Farm) | <input type="checkbox"/> Week 6 – August 9-3
(Nature Week) |
| <input type="checkbox"/> Week 3 – July 19-23
(To Infinity and Beyond...) | |
| <input type="checkbox"/> Week 4 – July 26-30
(What's cooking in the Science Lab?) | |

Due to the pandemic, each family will be assigned a specific drop-off and pick-up time for their children to ensure that we comply with the pandemic protocols. Time slots will be in ten minute increments. Our morning drop-off times will range between 8:00am and 9:00am, and our pick-up times will range between 2:00pm and 3:00pm. Please identify your preferred timeslot below.

Drop off time: _____

Pick up time: _____

- Yes ▪ No I would like to receive occasional information from The Salvation Army Heritage Park Temple regarding activities and services throughout the year. (Please note that The Salvation Army Heritage Park Temple will not share your information for mailing purposes.).

Medical Form

Emergency Contact 1: _____

Phone Number: Home _____ Cell _____

Emergency Contact 2: _____

Phone Number: Home _____ Cell _____

**Child
1**

Name: _____ 6# Health _____ 9# Health _____

Does your child carry an EPI-PEN or Ana Kit? YES NO

Does your child use an Inhaler? YES NO

Have they been trained in its use? YES NO

Please list any allergies your child may have:

Does your child require a one-to-one aide at school? YES NO

Has your child been diagnosed or in the process of being diagnosed with: ADD ADHD

ODO Asperger's Syndrome Autism Other: _____

How is/are the above issue(s) handled?

_____ (use space at the bottom of page if needed)

**The more information you are able to provide, the better we are able to meet the specific needs of your child.

Please list medications the child will be taking at camp (use space at the bottom of page if needed)

Time and Dosage:

Any other comments: _____

**Child
2**

Name: _____ 6# Health _____ 9# Health _____

Does your child carry an EPI-PEN or Ana Kit? YES NO

Does your child use an Inhaler? YES NO

Have they been trained in its use? YES NO

Please list any allergies your child may have:

Does your child require a one-to-one aide at school? YES NO

Has your child been diagnosed or in the process of being diagnosed with: ADD ADHD

ODO Asperger's Syndrome Autism Other: _____

How is/are the above issue(s) handled?

_____ (use space at the bottom of page if needed)

**The more information you are able to provide, the better we are able to meet the specific needs of your child.

Please list medications the child will be taking at camp (use space at the bottom of page if needed)

Time and Dosage:

Any other comments: _____

Waiver, Consent and Conditions of Enrolment

I, _____ [please print clearly] in exchange for my child's opportunity to participate in all the activities involved at the Salvation Army Kids Kamp, as outlined in the camp schedule, agree to the following:

- I am permitting my child(ren), _____
[please print clearly] to participate in the Salvation Army Kids Kamp events on my and his/her/their own initiative and at my child(ren)'s sole risk.
_____ **Initial**
- I authorize the Salvation Army Kids Kamp to authorize on my behalf all procedures including admission to hospital and treatment therein as they deem essential for the care and well-being of my child. I agree to accept financial responsibility in excess of the benefits allowed by the provincial health program and /or my medical insurance.
_____ **Initial**
- I hereby waive, release, discharge and covenant to hold harmless The Salvation Army Kids Kamp from and against any and all liability, claims, demands, loss or injury that may arise from, or be sustained by my child(ren) while participating in the Kids Kamp events, no matter how it happens.
_____ **Initial**
- If a law, regulation or government directive (whether related to COVID-19 or otherwise), or an event that is unforeseen or unforeseeable or beyond The Salvation Army's control, prohibits The Salvation Army from running the program or if The Salvation Army, in its sole discretion, determines that it is unsafe for the participants or staff to do, I understand that kids kamp programming may be cancelled with little notice.
_____ **Initial**
- I hereby authorize The Salvation Army Kids Kamp to take photographs or video footage of my child(ren) named on the registration form during camp activities, and to display and use these photographs without charge solely for the purpose of promotional material in connection with Kids programs.
_____ **Initial**
- I give The Salvation Army Kids Kamp permission to drive my child(ren) to and from Kids Kamp on The Salvation Army bus for all necessary activities such as field trips as indicated in the schedule and arranged pick-ups and drop offs.
_____ **Initial**
- I understand that any reference to The Salvation Army Kids Kamp, in this document includes the Church, The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army, and all associated charities, divisions and unincorporated associations, as well as all officers, employees, and volunteers of any of them.
_____ **Initial**
- I have carefully read and understand all of the above and I have had an opportunity to obtain an explanation of its contents: _____ **Initial**

SIGNED:

Date:

Parents' Commitment

I confirm that this camper agrees to participate in the full program, to follow safety instructions, and or refrain from behavior that is harmful to oneself or others. I understand camp policy, that inappropriate behavior is causer for dismissal without refund of camp fees.

Signed: _____

Date: _____