



Village of New Maryland  
Recreation & Leisure Services  
**2019 Summer Day Camp /  
Little Fingers Registration Form**



**Please Print Clearly:**

Participant's Name: \_\_\_\_\_ Male / Female

Mailing Address: \_\_\_\_\_  
(Street Number) (City/Village) (Postal Code)

- Resident - Lives within the Village of New Maryland
- Non-Resident - Does not live within the Village of New Maryland

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

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_  
M D Y *(as of Dec 31, 2019)*

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home (if different from above): \_\_\_\_\_

Other authorized person(s) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Other Siblings Attending: \_\_\_\_\_

**ENTER THE PROGRAM AND REGISTRATION FEE IN CHART BELOW**

Program Name (Day Camp or Little Fingers)	Session Name Example: Creative Kids (Day Camp) Music Makers! (Little Fingers)	Date of Program (i.e., Week 5, July 22-26)	Program Fees Little Fingers <b>\$60/week</b> Day Camp <b>\$130/105/week;</b> <b>\$150/\$125/week</b> (after June 24) Week 7 is <b>\$115/\$135/child</b>
<b>Total Fees</b>			

**Please list any of your child's favourite games, activities or crafts to help with our planning:**  
\_\_\_\_\_

<p><b>Please indicate child's t-shirt size (for Day Camp &amp; Little Fingers Program Participants)</b></p> <p>Youth: sm _____ med _____ lg _____ xl _____</p> <p>Adult: sm _____ med _____</p>
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**Medical / Behavioural Treatment Consent /Release**

Please list and describe any Allergies, Medical concerns, and/or behavioral conditions (examples may include ADHD, Autism, Anxiety, etc.) that may affect your child’s safety and camp experience:

\_\_\_\_\_

Accessibility needs? Yes or No (Circle One). If yes describe: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, as the legal parent/guardian hereby authorize the Village of New Maryland to provide and administer immediate first aid and to secure medical advice and or services to ensure proper treatment for my child if the need arises.

**Consent Release Form**

I, also, assume all responsibility for my child’s participation in the Village of New Maryland Recreation & Leisure Services Department summer programs. I release the Village of New Maryland from all claims or demands which I or my child have or may have for any incident/accident that may occur.

**Media Release:**

I agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

By signing the below, I signify that I have read, understood and voluntarily agree to be bound by each of the terms stated above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Day Camp Participants Only Below**

After Hours Services

I understand that the 2019 Day Camp Program is to take place at the New Maryland Elementary School and Athletic Park (July 2<sup>nd</sup> – August 9<sup>th</sup>), and at the New Maryland Centre (June 24<sup>th</sup> –28<sup>th</sup> & August 12<sup>th</sup> – 23<sup>rd</sup>) and that the **registration fee is non-refundable**. I understand that program hours run 9:00 am – 4:00 pm, with **supervision** from **7:45 am - 5:30 pm**. **There will be a \$15 fee per incident for early drop off or late pick up without special arrangements (payable the same day).**

Transportation

I also give permission for my child to go on hikes, picnics or other special events, including events involving transportation of my child by chartered bus service while participating in the Village of New Maryland Recreation & Leisure Services Department 2019 Summer Day Camp Program. I hereby, release the village from all claims or demands which I or my child have or may have for any incident that may occur.

**I understand that if my child becomes disruptive, staff has the authority to remove him/her from the program.**

By signing the below, I signify that I have read, understood and voluntarily agree to be bound by each of the terms stated above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date