



Village of New Maryland  
Recreation & Leisure Services  
**2021 Summer Day Camp  
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

Parent E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
M D Y (as of Dec 31, 2021)

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**

**(Note: Registration is Limited to a maximum of THREE weeks until May 25<sup>th</sup>)**

Program Name (Day Camp)	Session Name Example: Aloha Summer, Shark Week, Space is the Place	Date of Program (i.e., Week 3, July 12-16)	Program Fee Day Camp - \$115/week; \$95/week (4-day camp)
<b>Total Fees</b>			

**Please indicate child's t-shirt size**

Youth: sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ xl \_\_\_\_\_ Adult: sm \_\_\_\_\_ med \_\_\_\_\_

**Medical / Behavioural Treatment**

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:

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

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**Consent Release Form (please initial after reading each section and then sign and date below):**

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.

Initials \_\_\_\_\_

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.

Initials \_\_\_\_\_

I understand that my child could possibly be exposed to COVID-19 or other communicable infectious diseases. This risk cannot be eliminated; however, the Village of New Maryland will follow all cleaning/sanitizing guidelines and requirements as outlined by the Province of New Brunswick. Understanding these risks, I choose to allow my child to participate in the Day Camp program.

Initials \_\_\_\_\_

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

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

**After Hours Services**

I understand that the 2021 Day Camp Program is to take place at the New Maryland Centre and that the *registration fee is non-refundable*, unless due to medical reasons. 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).**

Initials \_\_\_\_\_

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

Initials \_\_\_\_\_

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

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Signature

Date