



Village of New Maryland Recreation & Leisure Services 2024 Summer Day Camp Registration Form



Please Print Clearly:

Participant's Full Name: _____

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: _____ / _____ / _____
 M D Y

Age: _____
 (as of Dec 31, 2024)

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 **unlimited but payment is due in **FULL** upon registration)**

Weekly Day Camp Theme <small>i.e., Eco Kids, Weird Science, Day Camp Olympics</small>	Camp Dates <small>(i.e., Week 3, July 15-19)</small>	Program Fees <small>Weeks 2, 3, 4, 5, 7, 8 & 9 - \$160/week; Week 1 - \$130/week Week 6 - \$140/week</small>
TOTAL FEES		

Child's t-shirt size (Note: Day Camp fee includes **ONE** t-shirt per child for the summer)

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:

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

Registration for New Maryland residents begins May 13th (8:30 a.m – 4:00 p.m.) OPEN registration begins May 14th (8:30 a.m. – 4:00 p.m.) and then daily until weeks are at capacity.

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 2024 Day Camp Program is to take place at either the New Maryland Elementary School OR 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**. **Supervision BEFORE 7:45 am or AFTER 5:30 pm will be charged an additional \$15 per incident (arrangements must be made in advance and are payable that 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:

Signature

Date