ROYAL BOTANICAL GARDENS SUMMER CAMPS 2017 REGISTRATION FORM

CHILD'S NAME		- I/we agree that Roy	al Botanical Gardens (RBG), its			s: \$110 (Members -: \$90 (Members 1			
AGE GRADE completed		trustees, officers, directors, employees, agents and independent contractors shall, in no event, be liable for any injury to my/our child's person or loss or damage to my/our child's personal property of any kind, including direct, indirect, special, exemplary, consequential, multiple, punitive or other damages, arising from or in any way resulting from my/our child's participation in these activities.			4-day camps: \$90 (Members 10% off) FULL-DAY CAMPS for 4- to 9-year-olds 5-day camps: \$240 (Members 10% off) 4-day camps: \$200 (Members 10% off) Optional overnight camp-out for 8- to 9-year-olds: \$40 AGB AND RBG COMBO CAMP: \$260 CAMPS for 10- to 13-year-olds 5-day camps: \$285 (Members 10% off)				
Member? A receipt is issued to the member only (only family-dual memberships are eligible for the member rate).									
MEMBERS' NAME		I/we understand that	I/we understand that video production and/or photography may be conducted during the program. I/we grant full and irrevocable consent to RBG and those		4-day camps: \$240 (Members 10% off) LEADER IN TRAINING \$300 per session (Members 10% off)				
ADDRESS		grant full and irrevo							
CITY			acting under its permission or upon its authority, to reproduce, publish, copyright, or otherwise use my/our child's photographic likeness. No personal identifying information (i.e. name/address) would be associated with the use of the image. If you do not wish your child to participate in certain activities, please notify the Camp			CAMPT-SHIRT — FREE WITH FIRST REGISTRATION Discovery Camp shirt is to be worn each day. One shirt is provided free-of-charge to each child registered over the course of the summer. Additional shirts are available at a cost of \$15 each (+HST).			
PROV. POSTAL CODE									
CONSENT FORM		the use of the imag							
I/we, the undersigned hereby acknowledge that certain Discovery Camp activities include excursions by foot, canoe and chartered bus to other places, including off-site locations. Our programs include outdoor hikes on our nature trails in hilly terrain, canoeing, crafts, and active games, as well as short audio-video components to reinforce concepts and themes. I/we hereby warrant that my/our child is physically and psychologically fit to participate in such activities and understand that the choice to participate brings with it the assumption of those risks and results which are part of these activities.		Director. I/we understand and agree to the behaviour management procedures and consequences outlined in this publication. PARENT/GUARDIAN SIGNATURE DATE		Sh Sh mo Ca ca ca Ple	Shirts are available upon arrival at camp the first morning. Please choose shirt size below. Campers are encouraged to wear their camper T-shirt daily. One FREE T-shirt per camper per summer. Please choose a camp T-shirt size: Child's 4 6 8 Youth's small (10) medium (12) large (14)				
Nature Interpretive Centre:				amp fee: \$					
Ages 4 and 5 Creature Craze Going Buggy Making Sense of Nature Ages 6 and 7 Animal Wonders Water Powered Hit the Trails! Ages 8 and 9 Ecosystem All-Stars	July 4–7 July 10–14 July 17–21 July 4–7 July 10–14 July 17–21 July 4–7 July 10–14	July 24–28 July 31–August 4 August 8–11 July 24–28 July 31–August 4 August 8–11 July 24–28 July 24–28 July 31–August 4	August 14–18August 21–25August 28–September 1			EADERSHIP DE noose your session eader in Training I July 4—July 14 July 31—Aug. 11 nior staff résumé empleted question pril 28, 2017	n, age 13–15 Program July 17– August , cover letter	-28 14–25 and	
Living in the Wild Get Outside Ages 10 to 13	July 10–14 July 17–21	August 8–11	August 28—September 1 —		_				
The Living Laboratory Venture Quest The Fire Within Linked to Nature Trailblazers RBG Centre: Ages 3 and 4, half-day	July 4–7 July 10–14 July 17–21 July 24–28 August 8–11	July 31–August 4 August 14–18 August 21–25 August 28–Septeml			fam indi of a (plu	I would like to pu nily membership (i ividuals and all ch age) \$122* or fam is two guests per v	two designat nildren under nily plus mem visit) \$157*. F	ed 18 years bership Please	
Nature Explorers	July 4–7	July 24–28	August 14–18			ude a separate (mbership fee.	•	he Ludes hst	
Nature Explorers Nature Explorers Ages 4 and 5	☐ July 10–14 ☐ July 17–21	July 31–August 4 August 8–11	August 21–25 August 28–September 1			MENT IN FULL: N			
Legends of the Forest Hands-on Nature From Garden to Table Ages 6 and 7	July 4–7 July 10–14 July 17–21	July 24–28 July 31–August 4 August 8–11	August 14–18 August 21–25 August 28–September 1		to F	Royal Botanical Ga Cash	ardens . que	Interac Amex	
Nature Connects Valley Adventures	☐ July 4–7 ☐ July 10–14	July 24–28 July 31–August 4	August 14–18 August 21–25		DDINI	TNAME			
Summertime Storytelling Ages 8 to 10, Art in the Gardens	July 17–21 August 14–18	August 8–11	August 28—September 1 —			T NAME			
Camp fee sub-total: OPTIONAL CAMP-OUT FOR AGES 8–9 \$45/per camper EXTENDED CARE 8 a.m. until 5:30 p.m, \$10/day/child (circle days) M T W Th F \$10 xdays = Additional T-shirt \$15/T-shirt \$15 xT-shirts = Total camp fee: \$ Family membership \$122 or Family Plus \$157 (includes HST) fee: \$					EXPIR	oit card # Ry date Ature			
	rainily member	Sinp \$122 or ramily Pl	us \$107 (Includes H51) tee: \$ _						

FEES (only dual and dual-plus members are eligible

HALF-DAY CAMPS 3- and 4-year-olds

for the member discount)

REGISTRATION HEALTH FORM Dietary concerns/conditions (i.e. allergies, dietary restrictions) CHILD'S NAME _ ____ GENDER ______ BIRTHDAY____ If your child requires additional behavioural supports or strategies, please contact CHILD'S ADDRESS _____ _____ PROV_____ POSTAL CODE ___ CITY _ **Emergency Contact** (if parents cannot be reached) PARENT'S NAME BUSINESS _____CELL ____ PHONE-PARENT'S NAME ____ RELATIONSHIP -_____BUSINESS ______CELL _____ AUTHORIZATION AND LIABILITY If at any time emergency medical treatment is necessary for my child, I give my consent EMAIL ADDRESS __ for treatment to be given. Every effort will be made to contact parent/guardian(s) and or (for receipts and confirmation letters) emergency contacts. Does the camper have a medical condition? YES NO YES NO Restrictions: Details: ____ In my/our absence, I authorize the following people to pick-up my child (no others will be permitted to pick-up your child, without prior consent): Name(s) Is the camper on any medication? YES NO If your child requires medication of any kind (prescription or non-prescription, including inhalers) while at camp please speak with your leaders on the first morning of camp to complete a Medication Administration Form. Please attach additional pages if more details are needed in any section or if there's anything else we should know about the camper.