

SPRING BREAK DAY CAMP – REGISTRATION



Phone: (204) 822-3406 www.discoverfossils.com info@discoverfossils.com

Please fill out form below and fax to: (204) 822-4118 or mail / drop off
 at: Canadian Fossil Discovery Centre
 Lower Level – Access Event Centre,
 111-B Gilmour Street
 Morden MB R6M 1N9

Please print!

Name of Child: _____

Age: _____ Name of Parent/Guardian: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Emergency Contact Name & #: _____
 (Other than parent/guardian)

List any Allergies / Medical Information: _____

Please indicate **date preference:** Subject to availability.

Circle your choice of day(s).

March	25	<input type="checkbox"/> <input type="checkbox"/>	26	<input type="checkbox"/> <input type="checkbox"/>	27	<input type="checkbox"/> <input type="checkbox"/>	28	<input type="checkbox"/> <input type="checkbox"/>	29	<input type="checkbox"/> <input type="checkbox"/>
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PROGRAM FEES: \$20.⁰⁰ per day, or \$80.⁰⁰ (plus GST) per week. Suggested **registration deadline** is one week prior to the desired start date.

Photo Release: By signing, I acknowledge that any pictures taken of my child/children during a CFDC program may be used in promotional material, web site features and news releases with no expectation of compensation for use of photographs.

Signature of parent/guardian: _____

OFFICE USE:

Name of CFDC personnel who booked the program: _____

Date: _____

Deposit Paid: Yes / No Date Paid: _____ Amount Paid: _____

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CFDC Allergy/Medication Form

Child's Name: _____

Allergy: My child is allergic to the following: _____

Symptoms: How will we know your child is having an allergic reaction? _____

Treatment: What measures should we take if your child has an allergic reaction while attending a CFDC function. _____

Will your child be carrying an **EPI-PEN** at camp? Yes _____ No _____

Medication(s):

My child will be taking medication during the day. Yes _____ No _____

If yes, please describe the type of medication and the schedule for administering the medication. _____

I certify that to the best of my knowledge all of the information on the above form is correct and complete. I give permission for the CFDC staff to follow the above directions if necessary.

Date: _____

(Signature of Parent/Guardian)

OFFICE USE:

Name of CFDC personnel who booked the program: _____

Date: _____

Deposit Paid: Yes / No Date Paid: _____ Amount Paid: _____

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LIABILITY WAIVER, PHOTO RELEASE & CONFIDENTIALITY FORM (CHILD)



Participant's Name (please print):

Parent/Guardian's Mailing Address:

Parent/Guardian's Email Address: _____ Date: _____

Liability Waiver:



In consideration of the child named on this form (the participant) being allowed to participate in a Canadian Fossil Discovery Centre (CFDC) program, the participant and the participant's parent or guardian, hereby releases the CFDC staff, volunteers and it's associated agents from and against all claims, actions, demands, costs and expenses relating to injury, death, damage to person or property or loss of property, howsoever caused, arising out of, or in connection with the above named person's participation in a CFDC program. This waiver shall be binding upon the participant and the estates of the participant. I have read and understood the above Liability Waiver.

Signature of Parent/Guardian

Photo Release:



By signing below, I acknowledge that any pictures taken of the participant during a Canadian Fossil Discovery Centre (CFDC) program may be used in promotional material such as the website, posters and booklets. I understand that I will not receive compensation for the use of the images. It is understood that the CFDC is under no obligation to use any photograph taken. I have read and understood the above Release.

Signature of Parent/Guardian

Collection of Personal Information:



I give permission to the Canadian Fossil Discovery Centre (CFDC) to collect and retain information provided for the following purposes:

- i) To process the program registration;
- ii) To provide the services contemplated by the program;
- iii) To contact the participant with information on future programs offered by the CFDC; and
- iv) For statistical purposes.

My consent is given on the basis that this information will be used internally by the CFDC only and will not be shared with a third party. I have read and understood the above Release.

Signature of Parent/Guardian

OFFICE USE:

Name of CFDC personnel who booked the program: _____

Date: _____

Deposit Paid: Yes / No Date Paid: _____ Amount Paid: _____