**DHM Heritage Day Camps Registration Form**

**Section I: Camper Info**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (check one): \_\_8 \_\_9 \_\_10 \_\_11 \_\_12

Parent(s)/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact (when parent/guardian is unreachable):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Dates (please check the box next to which camp week the participant is signing up for):

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. A. JULY 4TH - 8TH |  | 1. E. AUG 8TH - 12TH |
|  | 1. B. JULY 11TH - 15TH |  | 1. F. AUG 15TH - 19TH |
|  | 1. C. JULY 18TH - 22ND |  | 1. G. AUG 22ND - 26TH |
|  | 1. D. JULY 25TH - 29TH |  | |

\*Please note that camps run Monday through Friday, from 9:00AM to 4:00PM\*

**PARENT/GUARDIAN RELEASE – PLEASE READ CAREFULLY BEFORE SIGNING:**

I hereby give permission for my child to participate in the **HERITAGE DAY CAMP** provided by **Dartmouth Heritage Museum Society**, along with any/all activities associated with this week. I agree that my child is participating at his/her/their own risk, releasing **Dartmouth Heritage Museum Society**, its board, employees, and volunteers, both now and in the future, from any accident, injury, illness, or death which may occur as a result of the program. In the event that my child is injured and requires emergency medical treatment by a licensed practitioner, I hereby give my consent for the emergency transfer of my child to a hospital, and permission to the health care professionals to secure proper treatment. It is understood that every effort will be made to contact me in case of emergency. I further understand that if my child is responsible for any damage done to any property, we as parents/guardians may be held responsible for my child’s actions.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name(s) (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Medication and Health Care**

**Administration of Oral Medication:** Medication must be provided in its original packaging with original dosing instructions from the pharmacy, and with appropriate dosing tool (if required)

Medical Condition requiring treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child able to administer the dose or will they require help from Camp Leaders? (Check 1):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Self-Administered (no help required) |  | Help Required |

Medical Condition requiring treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child able to administer the dose or will they require help from Camp Leaders? (Check 1):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Self-Administered (no help required) |  | Help Required |

Please note DHMS staff are unable to provide medical services such as, but not limited to: injection of medication (excludes epi-pen), catheterization, manual expression of the bladder or stomach, tube feeding, postural draining, or any services that require medical certification.

**Special Considerations & Additional Information:**

Possible side effects of medications/treatments to watch out for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies for participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any other health concerns for the participant, or any additional information the parent/guardian feels necessary for staff to be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this I certify that this medication cannot be scheduled around the program and that administration by or assisted by DHMS employees is necessary in order to permit my child to participate in the Heritage Day Camps program

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Cost and Payment**

Camps are five (5) days in length, at a total cost of **$175.00CAD**. No added tax.

At the time of booking Dartmouth Heritage Museum requires a non-refundable deposit of $80.00. The remaining $95.00 is due by the first day (Monday) of your child’s camp week. Parents/Guardians can save $10 if they pay in full at the time of booking ($165.00).

Payment can be made in person at Evergreen House (26 Newcastle St, Dartmouth NS B2Y 3M5) OR by e-transfer\* to info@dartmouthmuseum.ca

\*If choosing to pay by e-transfer, please call and confirm with the museum first to ensure placements are still available for that camp week.

**Affordability:**

**We at DHM do not believe cost should be a barrier to a fun summer. If affordability is an obstacle to registering a child in your care for these camps, please reach out to us at eventscoordinator@dartmouthmuseum.ca to discuss options.**

**Likewise, if you are interested in subsidizing placement for a child in full or in part, please reach out to us at eventscoordinator@dartmouthmuseum.ca**

ADMIN (to be filled out by staff):

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment amount received: \_\_\_\_\_\_\_\_\_\_\_\_\_ (minimum $80.00 deposit to hold spot)

Paid by (check one): \_\_Cash \_\_Cheque \_\_Debit/Credit \_\_E-transfer