

Please print and use a separate form for each child.

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

<b>General</b>	Child's Last Name:	First Name:	
	Birth Date (m/d/y):	School:	
<b>Guardian</b>	<b>Parent/Guardian #1</b> Last Name:	First Name:	
	Home Address:		
	City:	Postal Code:	Is this the child's primary address? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Phone:	Business Phone:	
	Cell:	Email:	
	<b>Parent/Guardian #2</b> Last Name:	First Name:	
	Home Address:		
	City:	Postal Code:	Is this the child's primary address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Business Phone:		
Cell:	Email:		
<b>Emergency &amp; Pickup</b>	(Other than listed above)		
	Emergency Contact Name:		
	Day Phone:	Cell:	Relationship to child:
	Please list ALL OF THE NAMES of individuals who have permission to pick up your child from the camp or from the bus stop. Please remember that your child will only be released to the people listed here or above and that photo ID is required at time of pick-up.		
_____			
_____			

Please print and use a separate form for each child.

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

**Transportation**

**Transportation to and from camp. MUST BE COMPLETED.** Please refer to the Transportation Section on the web for descriptions of each option and for bus stop information and indicate your choice in the space below. There is no mixed transportation. HST included. **Please provide signature where required.**

Choose only one	Fee(s) if applicable
<input type="checkbox"/> Camper Drop Off (8:30-9:15am), Camper Pick-up (3:45-4:30pm)	N/A
<input type="checkbox"/> Extended Program (7:30-9:15am/3:45-6pm)	\$62 (Session 1A, 3B) \$72 (March Break 1B, 2A, 2B, 3A, 4A, 4B, 5A)
<input type="checkbox"/> Bus Stop # _____ Stop Name _____	\$53.11 (Session 1A, 3B)
<b>Summer Camps ONLY (different bus stops for AM and PM are NOT available)</b>	\$56.50 (Session 1B, 2A, 2B, 3A, 4A, 4B)
Does your child have permission to walk home from the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Independent Travel (8:30-9:15am/3:45pm). Must be 10 years old, or be accompanied by a sibling 12 years or older	
Authorizing Signature _____	

**Meal Plan**

**Meals Plans during camp sessions. MUST BE COMPLETED.** Please refer to the Meal Plans Section on the web for more details and indicate your choice in the space below. HST included.

Choose your Meal Plan(s)	Fee(s) if applicable
<input type="checkbox"/> No Meal Plan	N/A
<input type="checkbox"/> March Break Camps	\$50
<input type="checkbox"/> Summer Camps	\$42.09 (1A, 3B) \$50 (1B, 2A, 2B, 3A, 4A, 4B, 5A)

**Camp Choices**

Please fully complete the chart below. (Please indicate March Break or Summer Camps): **Please contact the Camps Office immediately to provide payment details. Registrations are not confirmed nor inputted until payment information has been provided.**

period	session(s)	camp name	camp fee	bus fee	extended programs	meal plan fee	total
march break			\$	\$	\$	\$	\$
summer			\$	\$	\$	\$	\$
summer			\$	\$	\$	\$	\$
summer			\$	\$	\$	\$	\$
summer			\$	\$	\$	\$	\$
summer			\$	\$	\$	\$	\$
Please Note: Contact the Camps Office for Overnight Camp Registrations. All fees include HST.							\$
Group my child with: _____ (we cannot guarantee this placement)							\$
Tshirt Child \$18.93 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Qty _____ Adult \$22.54 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Qty _____							\$
Please add my tax-deductible donation of							\$
							\$

Please print and use a separate form for each child.

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

**Where did you hear about us?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Returning Camper            | <input type="checkbox"/> Postcard       | <input type="checkbox"/> Our Kids           | <input type="checkbox"/> Social Media  |
| <input type="checkbox"/> Camps Brochure              | <input type="checkbox"/> Outreach Email | <input type="checkbox"/> Our Kids Camp Fair | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Harbourfront Centre Website | <input type="checkbox"/> City Parent    | <input type="checkbox"/> Other              |  |

*Harbourfront Centre respects your privacy. We adhere to all legislative requirements with respect to protecting your privacy. We do not rent, sell or trade our mailing list without your permission. The information you provide will be used to deliver services and to keep you informed and up-to-date about Harbourfront Centre activities. If you do not wish to receive this information, simply call 416 973 4000, x4800 and we will accomodate your request.*

**Please be advised that your child(ren) may be photographed or videotaped by the media at any time during camp for the purpose of Harbourfront Centre publicity/advertising. If you have any concerns, please notify us at 416 973 4093.**

We have a whole season of waterfront concerts, free films, dance parties, food festivals, kids activities and camps planned for you. Email is the best way for us to keep you updated but we can't tell you about it unless you say yes! Due to recent changes in legislation, we will not be able to send you emails about upcoming camps, pre-registrations, family events and arts and cultural programming without receiving your permission.

**Would you like to receive emails about future programming at Harbourfront Centre?**  Yes  No

**(1) Authorization**

By registering my child in Harbourfront Centre Camps, I/we am/are giving consent for him/her to participate in all camp activities, which include but are not limited to activities on and around Harbourfront Centre property and/or other designated off-site locations, where applicable. I/We have disclosed all the necessary information about my son/daughter's needs and abilities on the applicable Harbourfront Centre Camps registration form.

I/We acknowledge that there are risks associated with participation in any physical activity, sports, adventure, or related camp activity or programme. I/We have informed myself and my child and we understand the risks associated with my child's participation in the Harbourfront Centre Camps programme and (where applicable) my child's use of camp facilities and/or equipment. I/We acknowledge that such risks include, but are not necessarily limited to, personal injury, and freely accept these risks.

I/We acknowledge that there are additional risks in travelling to and from locations where camp activities are taking place. I/We agree that the choice to participate brings with it the assumption of those risks that are part of those activities.

It is Harbourfront Centre's policy to notify a parent when a child is ill or needs medical attention. I/We authorize Harbourfront Centre Camps to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the individual(s) administering first aid and/or the attending medical professional(s).

I/We hereby release, waive and forever discharge Harbourfront Corporation (1990), its directors, employees, agents and independent contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my child's person or property however caused, arising or to arise by reason of my child's participation in Harbourfront Centre Camps and related activities.

I/We further certify that my child is covered by OHIP and/or private health insurance.

**Please print and use a separate form for each child.**

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

### **(2) Code of Conduct**

The safety of each camp participant is of the utmost importance to Harbourfront Centre Camps. I/We, and my child, recognize a personal responsibility to learn and follow safety and other rules established by Harbourfront Centre Camps staff at all times. I/We, and my child, understand that any behaviour that places my child or others at risk physically or emotionally (including harassment and/or bullying) may result in immediate dismissal or removal from the Harbourfront Centre Camps programme without refund.

### **(3) Media Policy**

I/We hereby acknowledge that photographs and recordings of camp participants may be captured during Harbourfront Centre Camps activities and that such photographs and recordings may include the image or likeness of my child. I/We hereby grant to Harbourfront Centre Camps the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of such image or likeness for use in connection with the activities of Harbourfront Centre Camps or for promoting, publicizing or explaining the organization and its activities.

This grant includes, without limitation, the right to publish such images to Harbourfront Centre's website and/or social media outlets, including but not limited to: YouTube, Facebook and Twitter, and in PR/promotional materials, for the purposes of marketing and advertising. I/We understand that I/we will not receive payment nor should I/we expect payment or reimbursement of any kind now or in the future for us of such images in any media.

These images may appear in any of the wide variety of formats now available to Harbourfront Centre Camps and those that may be available in the future, including but not limited to: print, broadcast, videotape, CD-ROM and electronic/online media.

If you have any concerns, please notify us at 416 973 4093.

### **(4) Governing Law and Jurisdiction**

I/We agree the terms of the Waiver of Liability shall be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein. I/We hereby expressly consent to the sole and exclusive jurisdiction and venue of the courts of the Province of Ontario, located in the city of Toronto for any legal proceeding arising out of or relating to any dispute arising out of, in connection with, or incidental to participating in Harbourfront Centre Camps.

### **(5) Severability**

If any provision of this Form is held by a Court to be unenforceable, then such provision will be modified to reflect the parties' intention. All remaining provisions of this Form shall remain in full force and effect as drafted.

I/We certify that the information provided in this registration form is, to my knowledge, true and complete.

I/We have read and understood the above waiver and consent and represent that I/we am/are the parent(s) or legal guardian(s) of the child mentioned herein who is a minor. I/We confirm that I/we have the complete custody, care and control of the minor and have the legal authority to sign this consent and waiver on behalf of the minor and that the consent of no other person or entity is required.

\*\* Harbourfront Centre respects your privacy. We adhere to all legislative requirements with respect to protecting your privacy. We do not rent, sell or trade our mailing lists without your permission. The information you provide will be used to deliver services and to keep you informed about Harbourfront Centre activities. If you do not wish to receive this information, simply call 416-973-4000, x4800 and we will accommodate your request.

**Signature of Parent/Guardian** \_\_\_\_\_

Please print and use a separate form for each child.

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

**Allergies & Dietary Restrictions**

Does your child have any allergies (food, environmental, drugs/medication)?\*  Yes  No

If YES, please specify what your child is allergic to, elaborate on the severity of the reaction and best methods of treatment: (attach additional page if necessary)

---



---

Does your child carry an EpiPen?\*  Yes Where:  No

Does your child have any dietary restrictions?\*  Yes  No

If YES, please elaborate:

---



---

**Medications and Treatments**

Does your child require any medication or treatments to be taken or administered while at Camp (e.g. ANA kit, Asthma Ventilator, Ritalin, antibiotic, etc.)?\*  Yes  No

If YES, please elaborate medication, dosage, times(s) per day:

---



---

Does your child regularly take any medication that will not be taken at Camp?\*  Yes  No

If YES, please elaborate:

---



---

Does your child self-administer the medication or will the Health Care Staff be required to do so?\*

Self-Administer  Health Care Staff

May the following over-the-counter medications be given to your child while at camp?\*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Acetaminophen    | <input type="checkbox"/> Antacids        | <input type="checkbox"/> Antibiotic Cream | <input type="checkbox"/> Antihistamines    |
| <input type="checkbox"/> ASA (Aspirin)    | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Cortaid          | <input type="checkbox"/> Ibuprofen (Advil) |
| <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Pepto-Bismol    | <input type="checkbox"/> Sting Swabs      | <input type="checkbox"/> Sunscreen         |

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?\*

---



---



---

Please print and use a separate form for each child.

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

Immunizations

Has your child received the following immunisations?\*

Polio, Measles, Mumps, Rubella, Meningococcal Disease, Pertussis (whooping cough)

Not immunized       Immunized on: \_\_\_\_\_

Varicella (chickenpox) - for children born in 2010 or later

Not immunized       Immunized on: \_\_\_\_\_

Please provide the date your child received their tetanus shot

Not immunized       Immunized on: \_\_\_\_\_

If your child has not been fully immunized, please explain:\*

\_\_\_\_\_

Health History

Has your child experienced, or is currently experiencing, any of the following conditions?\*

ADD/ADHD       Asthma/Inhaler       Behavioural Issues       Developmental Delays  
 Diabetes       Down Syndrome       Epilepsy  
 Other \_\_\_\_\_

Has your child ever been hospitalized or had a serious injury?\*  Yes  No

If YES, please elaborate:

\_\_\_\_\_

Has your child had or currently have any of the following conditions?\*

Chicken Pox (Varicella)       Hepatitis A       Hepatitis B       Hepatitis C  
 Measles (German)       Measles (Red)       Mono (within the past 1 year)       Mumps  
 Rheumatic Fever       Scarlet Fever       Whooping Cough

Does your child have any restrictions on activity?\*  Yes  No

Will your child require any special assistance while at camp? If your camper requires special assistance or additional support, call the Camps Office to speak to the Registrar.\*  Yes  No

Is there anything you would like to discuss with the camp medical staff? If your camper requires special assistance or additional support, call the Camps Office to speak to the Registrar.\*  Yes  No

Please print and use a separate form for each child.

Registrations received by fax or email are inputted in a first-come, first-serve basis and take up to 10 business days to process.

The information contained on this form is considered to be private and will be available only to the Health Care Director and relevant Camp staff. This information is meant to assist us in providing the best possible care for all campers in our program. Please provide us with as much detail as possible and be specific when answering all the questions. Medical information is not retained from year to year. **Please complete BOTH PAGES of this medical form.**

<b>Camper Info</b>	Family Doctor:	Phone Number:
	Health Insurance:	
	Health Card Number:	Expiry Date:

<b>Physical Health</b>	Please list and elaborate on any health or accessibility concerns that would impact your child's experience with us while at camp (e.g. epilepsy, dietary requirements, pre-existing conditions, the use of a mobility device, blindness or low vision, deafness or hard of hearing)?

<b>Intellectual Communication</b>	Please list and elaborate on any intellectual (e.g. mild intellectual delay, developmental delay, giftedness, downs syndrome), communication (e.g. placement on the autism spectrum) or behavioral exceptionality (e.g. ADD/ADHD, oppositional defiance disorder) or another condition which will require accommodation from us while at camp:

**Emergency Authorization**

I understand that in registering for camp, that my child(ren) will be partaking in physical activities, and that with any physical activity, there is a risk of injury. In the event of an emergency, I authorize the physician in the emergency care unit selected by Harbourfront Centre staff to secure proper treatment for the child indicated above. I understand that every effort will be made to contact me prior to any treatment deemed necessary. My signature below indicates that the above information is as accurate and complete as possible. Harbourfront Centre Camps reserves the right to refuse participation to any participant whose medical information is incorrect or fails to give adequate medical information/history.

Signature of Parent/Guardian \_\_\_\_\_