

Baking Camp Registration



**August 6-8: 8:30a.m.- 3:00p.m. at the Meaford & St. Vincent Community
Centre, Ages 8-13**

Contact Information

Participants Name:

Address:

Postal Code:

Age at Camp:

Sex:

Birth Date:
(MM/DD/YYYY)

Male

Female

Other

Legal Parent/
Guardian(s):

Primary Phone:

Secondary Phone:

E-Mail:

Emergency Contact (During Camp, other than parents):

(1) Name:

Relationship:

Primary Phone

Secondary Phone

(2) Name:

Relationship:

Primary Phone

Secondary Phone

Authorized Caregiver Pick-Up/Drop-Off (Parent/guardian listed above included):

(1) Name: Relationship:

Primary Phone: E-Mail:

(2) Name: Relationship:

Primary Phone: E-Mail:

Release Statement:

I, the parent or guardian named below, authorize the staff of the Municipality of Meaford to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I undertake and agree to indemnify and hold blameless the Municipal staff, The Municipality of Meaford, and Council from and against any loss, damage or injury suffered by the participant as a result of being part of the program/activity stated at The Municipality of Meaford as well as any of medical treatment authorized by the supervising individuals representing the Municipality.

Parent/Guardian
Signature:

Date:

Medical Information:

The Municipality of Meaford will not administer any forms of medication. Please make alternative arrangements if your child requires medication while at camp.

Will medication be taken during camp?

Yes No

Medication: Dosage: Time(s):

Medication: Dosage: Time(s):

Medication: Dosage: Time(s):

Please select YES or NO for any of the following health and safety alerts pertaining to your child:

	YES	NO
Asthma		
Does your child carry a puffer?		
Seizures		
Allergies		
Does your child carry and Epi-Pen?		
Does your child have an allergy to cinnamon or strawberries?		

When was your child's last seizure (if applicable):

Please identify any allergies your child has in the space provided below (if applicable):

All medical programs and/or conditions requiring ongoing medical supervision or care have been noted. I give permission for this health information to be shared with appropriate program staff and outside medical personnel if necessary. If the parent cannot be reached, permission is hereby given to the program staff to take any steps deemed necessary to ensure the health and safety of the participant.

Parent/Guardian
Signature:

Photograph Consent

By completing and signing this form, you grant permission for the reasonable use of pictures containing the participants named above in any marketing media promotions for the Municipality of Meaford.

I give permission

I do not give permission

Additional Information

My child can toilet and use the washroom facilities independently:

Yes

No

Please list any other information that will be helpful in ensuring the best possible experience for your child at camp:

I have read, understood, and provided accurate information for my child's participation in the camp listed above.

Parent/Guardian
Signature:

Date

Does your child have a disability, receive additional support at school or require any accommodations to programming? Please complete the Inclusive Camps Form.