

Fredericton Region Museum

PO Box 1312, Station A ~ 571 Queen Street ~ Fredericton NB E3B 5C8
(506) 455-6041 ~ info@frederictonregionmuseum.com

2017 Summer Camp Registration Forms

Payable with cheque, cash, or email money transfer (Please contact the office for more details). Make cheques payable to the *York Sunbury Historical Society*. Refunds can only be received if cancellations are made more than 7 days before the first day of camp, and will be subject to an administrative fee of \$30.00. Spaces are limited.

5 Day Camps – YSHS Members \$130 / Non-Members \$140

4 Day Camp (August 5-8) - YSHS Members \$105 / Non-Members \$115

Camp fee includes a museum t-shirt, all materials and activities and 1-year membership in our History Hounds Club. Meals and snacks are not included.

All camps run from 8:30am to 5pm.

Week (please circle)

- July 3 –7
A "March Pass"
- July 17 – 21
Blast to the Past!
- July 31 – August 4
Historical Foundations
- July 10 – 14
History of Fun
- July 24– July 28
Behind the Scenes
- August 8 – 11 (4 days)
Fredericton Past to Present

Child's Name: _____ Gender: _____

Date of Birth: _____ Medicare #: _____ Expiry: _____

Home Address: _____

Guardians

Name: _____ Relationship to child: _____

Home Phone Number: _____ Cell Phone Number: _____

Place of Employment: _____ Work Phone Number: _____

E-mail: _____

Name: _____ Relationship to child: _____

Home Phone Number: _____ Cell Phone Number: _____

Place of Employment: _____ Work Phone Number: _____

E-mail: _____

Emergency Contacts

Name: _____ Relationship to child: _____

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Address: _____

Phone Number(s): _____

Name: _____ Relationship to child: _____

Address: _____

Phone Number(s): _____

Note: No emergency contact may live more than half an hour's drive away.

Who has permission to pick up your child?: _____

Who MAY NOT pick up your child (Requires copy of court order)?: _____

ALLERGIES: Please list all of child's known allergies. If an epi-pen is required in emergencies, an up-to-date one MUST be provided.

Yes, I have read the Camp Parent Handbook (located on the museum website)

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Registration Information

- Registration is limited and is accepted on a first come-first served basis.
- Payment must be made upon registration. We do not hold spots.
- Once registered, cancellations must be made in writing or email **seven days** prior to camp.
- All forms must be filled out and all registration fees paid before a space is guaranteed for your child.
- Payment can be made at the museum office at 571 Queen Street by cash or cheque during business hours or by mailing the completed form and a cheque to the above address.

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Consent for Outings/Excursions/ Activities Off Premises of Day Camp Facility

I (we) _____, the parent(s)/guardian(s) of

_____, authorize the operator, administrators, and staff of the Fredericton Region Museum to take my (our) child on outings, excursions, and activities away from the facility, either on foot or in a vehicle providing the driver and said vehicle are properly insured and licensed for the transportation of passengers. I (we) understand that I (we) will receive advance notice, either verbally or in writing, of each planned outing, excursion, or activity away from the premises.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Day Camp Facilities Parental Consent for Emergency Care and Transportation

If at any time, due to circumstances involving an injury or sudden illness, medical

treatment is necessary, I (we) _____,

the parent(s)/guardian(s) of _____, authorize the operator, administrators, and staff of the Fredericton Region Museum to take whatever emergency measures are necessary for the protection of my (our) child while in their care. I (we) understand this may involve first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation, is my (our) responsibility.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Operator's Signature: _____ Date: _____

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Consent for Administration of Acetaminophen

I (we) _____,

the parent(s)/guardian(s) of _____,
authorize the operator, administrators, and staff of the Fredericton Region Museum to administer
acetaminophen to my (our) child providing the procedures below have been taken.

At the first sign of the following symptoms (i.e. fever): _____

- Take the child's temperature and record it.
- Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Parent must also confirm the dosage administered.
- Administer the medication in accordance with the parent's directions.
- Ensure the parent/guardian signs the appropriate document upon their arrival to the facility to confirm that he/she was consulted and is in agreement with the dosage provided.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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Medication Dispensing Authorization

I (we) _____,

the parent(s)/guardian(s) of _____,
authorize the dispensing of the medication(s) listed below by Fredericton Region Museum personnel
who I acknowledge are not medically trained. I release the Fredericton Region Museum, its employees
and agents from all manner of actions, causes of action, suits, losses, damages or injuries, however
caused, arising out of the administration or failure to dispensing medication herein, and indemnify the
Fredericton Region Museum, its employees or agents for any losses or damages sustained by them as a
result of such actions or proceedings being commenced against them by myself or the child or any other
parent/guardian of said child.

Medical Information

Diagnosis/Reasons for Medication: _____

Medications Prescribed: _____

Dosage: _____ Time of Dispensing: _____

Possible Side effects (if any): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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Pictures and Media Consent

As you may have seen on our website, we often take pictures of the children during our activities. We will only do this with your express permission, and as such will only take pictures of your child if this document is returned and signed. You may opt out of this contract at any point by speaking with the program coordinator.

I (we) do hereby give permission for the staff of the Fredericton Region Museum to take pictures of my child during the course of regular play/activities. I have been made aware that such pictures may be used for promotional, advertising, or media purposes, now and in the future, and I give permission for the Fredericton Region Museum to do so. I have been made aware that I may opt out of this program at any time by speaking to the program coordinator.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

The program registration forms and fees are due one week in advance of the start date of the program. We accept only cash and cheques. Please make all cheques payable to the *York Sunbury Historical Society*.