



The Rooms

Summer Camp at The Rooms Registration Form

Get ready for a week of art, heritage, and fun at The Rooms! Campers get behind-the-scenes experiences with the museum and art galleries, exploring everything that makes our province unique.

Select a Week

Age 5 – 7 years

July 8 – July 12

July 22 - 26

August 19 - 23

Age 8 – 10 years

July 15 - 19

July 29 – August 2

Age 11 – 12 years

August 12 - 16

Personal Information

Camper Full Name: _____

Camper Pronouns: _____

Date of Birth (DD/MM/YYYY): _____

Medical Information

MCP Number: _____

Allergies: _____

Does Camper require an Epi-pen?

Does Camper require an inhaler?

Any additional information about Camper you would like us to know:

continued

Parent / Guardian Information and Emergency Contacts

Parent/Guardian Name(s): _____

Rooms Membership Number (if applicable): _____

Contact Phone Number:

Work: _____ Home: _____ Cell: _____

Work: _____ Home: _____ Cell: _____

Email: _____

Emergency Contact Information:

Contact #1:

Name: _____ Phone Number: _____

Contact #2:

Name: _____ Phone Number: _____

Pick-Up and Drop Off Information

(Campers will only be released to parents/guardians listed above and the two adults listed below. A valid piece of photo ID is required at pick-up. Please list two approved adults, their phone numbers and their relationship to the camper):

Name _____

Phone Number _____

Relationship to Camper _____

Name _____

Phone Number _____

Relationship to Camper _____

Parents should be aware that campers will be getting messy in the art classroom and enjoying the outdoors. Stains and tears to clothing may happen. Please dress your child accordingly. The Rooms is not responsible for any cleaning or repair costs.

I understand

Drop-off is between 8:45 am – 9 am and pick-up is between 4 pm and 4:30 pm. Earlier drop-off's and later pick-up's cannot be accommodated.

I understand

Registrations are non-transferrable and non-refundable.

- I understand

Waiver

- I authorize The Rooms on my behalf to authorize all medical procedures including admission to hospital and treatment therein as they deem essential for the care and wellbeing of my child. I agree to accept financial responsibility in excess of health benefits allowed by the provincial health program and/or my medical insurance.
- I authorize photography of my child during the camp for promotional or educational purposes.
- I have ensured that all the information given is accurate and up-to-date and that if there are any changes to this information, it is my responsibility to inform The Rooms.

Signature

Date

Next Steps

1. Before submitting this form, please ensure you have paid for Campers registration and received an email confirmation.
2. Please include the order number from your confirmation email.
Order Number:
3. Send this completed form to roomsorders@therooms.ca.
4. Registration will be confirmed upon receipt of payment and this completed registration form.