



## 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:

#### Grade 4 + 5

- Camp #1: July 11 – July 15
- Camp #3: July 25 – July 29
- Camp #5: August 8 – August 12

#### Grade 6 + 7

- Camp #2: July 18 – July 22
- Camp #4: August 1 – August 5
- Camp #6: August 15 – August 19

**Camper #1 Name:**

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**Camper #2 Name:**

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**Camper #1 Pronouns:**

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**Camper #2 Pronouns:**

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**Camper #1 Age at the time of camp:**

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**Camper #2 Age at the time of camp:**

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**Camper #1 MCP Number:**

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**Camper #2 MCP Number:**

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**Camper #1 Allergies / Sensitivities:**

**Camper #2 Allergies / Sensitivities:**

**Does Camper #1 require an Epi-pen?**

- Yes                       No

**Does Camper #2 require an Epi-pen?**

- Yes                       No

**Does Camper #1 require an inhaler?**

- Yes                       No

**Does Camper #2 require an inhaler?**

- Yes                       No

**Will Camper #1 be bringing any medication to be taken or administered at camp?** All medication must be brought in their original containers with the camper's name and dosage clearly visible. These medications must be left with the Camp Coordinator until they are to be taken.

Yes       No

If yes, please specify:

**Any additional information about Camper #1 you'd like us to know about:**

**Will Camper #2 be bringing any medication to be taken or administered at camp?** All medication must be brought in their original containers with the camper's name and dosage clearly visible. These medications must be left with the Camp Coordinator until they are to be taken.

Yes       No

If yes, please specify:

**Any additional information about Camper #2 you'd like us to know about:**

**Parent/Guardian Name(s):**

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**Rooms Membership Number:**

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**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 / care takers 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	Relation 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.

The Rooms reserves the right to cancel camps due to insufficient registration. In the event of this, parents of registrants will be notified as soon as possible and receive a full refund.

- 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 hereby waive and release all rights and claims for damages against The Rooms and their employees and agents for all injuries which may be sustained while my child attends summer day camp at The Rooms.
- I authorize photography of my child during the camp for promotional or educational purposes.
- I agree to the terms that I may cancel my child's/children's registration at any time up to 2 weeks (14 days) prior to the start of camp for a full refund. Cancellations made after 14 days from the start of the camp will be subject to a 50% refund unless another camper can fill the vacant spot, at which time I will receive a full refund.
- 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