

2024-25 Winter Camp Registration Form



Student Name _____ Age _____

School _____

Address _____ Zip _____

8am - 3pm FULL DAY Dec 23 (\$75.00+GST) Dec 24 (\$75.00+GST) Dec 27 (\$75.00+GST)
 Dec 30 (\$75.00+GST) Jan 2 (\$75.00+GST) Jan 3 (\$75.00+GST)

8am - 12pm Dec 23 (\$45.00+GST) Dec 24 (\$45.00+GST) Dec 27 (\$45.00+GST)
11am - 3pm HALF DAY Dec 30 (\$45.00+GST) Jan 2 (\$45.00+GST) Jan 3 (\$45.00+GST)

Before camp care
from 7.00am till 8.00am \$20/day

After camp care
from 3.00pm till 4.00pm \$20/day

1st Parent/Guardian: _____ Cell Phone: _____ E-Mail: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____ E-Mail: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

_____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____ Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____
5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:



Parent Authorization Form

Please print all information clearly

Name of Camper: _____ Today's Date _____

The Flying Minds reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give **The Flying Minds** permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at **The Flying Minds** and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for **The Flying Minds** to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

By signing below I agree to adhere to all the Policies and Procedures set for by **The Flying Minds**.

Parent/Guardian's Signature: _____

Student's Medical Information Form

Please print all information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

Date of last physical _____

Date of last tetanus shot _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy) Food

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____
