



Jasper- Yellowhead Museum and Archives

Summer Day Camp 2020

Registration Form

Child's Name: _____

Child's Age: _____ Child's Date of Birth: _____

Parent/ Guardians Name: _____

Relationship to the Child: _____ Phone Number: _____

Address: _____ Email: _____

Emergency Contact Information

1) Parent/ Guardian #1 _____

Relationship: _____ Cell Phone #: _____

Work Phone #: _____ Address: _____

2) Parent/ Guardian #2: _____

Relationship: _____ Cell Phone #: _____

Work Phone #: _____ Address: _____

Authorized Sign in/ Sign out (Please indicate anyone who ABLE to pick up/ drop off your child from camp)

1. Name: _____

Relationship: _____ Phone #: _____

2. Name: _____

Relationship: _____ Phone #: _____

3. Name: _____

Relationship: _____ Phone #: _____

Unauthorized Sign in/ Sign out (Please indicate anyone who is UNABLE to pick up/ drop off your child from camp)

Non-Applicable

1. Name: _____

Relationship: _____ Phone #: _____

COVID-19 Statement

1. Parents, guardians, and children **must not attend camp** if they are sick, even if symptoms resemble a mild cold.
2. Parents/ guardians must check the child’s temperature daily, prior to coming to camp. Child’s temperature will also be taken periodically throughout the day by staff members
3. Each day parents/guardians will be asked to complete a Covid-19 screening before their child is signed into camp. If the child does not meet the requirements, they will be asked to be leave.

Please sign on the following lines acknowledging that you have read and agree to the following conditions regarding the Covid-19 guidelines for day camps set out by the Government of Alberta

Name: _____

Signature: _____

Date: _____

Medical and Behavioural Information

Does your child have any allergies?

Yes. Please Specify _____

No.

Does your child have any medical conditions/ requirements or behavioural concerns that we should be aware of?

Yes. Please Specify:

No.

Will your child be required to take medication during camp hours?

Yes. Please specify and Fill out Medication Form: _____

No.

Please provide:

Health Care Card # _____ Family Doctor Name: _____

Office Location: _____

Day Camp Hours:

9:00am – 4:00pm (Monday – Thursday)

9:00am-12:00pm (Fridays)

Pre and Post Care Available:

Pre Care: 8:00am-9:00am

Post Care: 4:00pm-5:00pm

Day Camp Pricing:

With Museum Membership: Receive over 10% off! (Ask for more details)

Without Museum Membership: \$250/ Week

Pre and Post Care Options:

Pre Care: \$10/ Day

Post Care: \$10/ Day

Following Section for Office Use Only

Week #1 July 6th – July 10th **Trains, Planes, and Automobiles**

Member Rate Non-Member \$250/ Week
 Pre Care \$ 10/ Day Post Care \$10/ Day Total \$ _____

Week #2 July 13th – July 17th **Geology Rox!**

Member Rate Non-Member \$250/ Week
 Pre Care \$ 10/ Day Post Care \$10/ Day Total \$ _____

Week #3 July 20th – July 24th **Jurassic Planet**

Member Rate Non-Member \$250/ Week
 Pre Care \$ 10/ Day Post Care \$10/ Day Total \$ _____

Week #4 July 27th – July 31st **Flora and Fauna**

Member Rate Non-Member \$250/ Week
 Pre Care \$ 10/ Day Post Care \$10/ Day Total \$ _____

Week #5 August 3rd – August 7th **Trading: A Blast from the Past**

Member Rate Non-Member \$250/ Week
 Pre Care \$ 10/Day Post Care \$10/ Day Total \$ _____

Following Section for Office Use Only

Week #6 August 10th – August 14th Superhero Week

Member Rate

Non-Member \$250/ Week

Pre Care \$ 10/ Day

Post Care \$10/ Day

Total \$ _____

Week #7 August 17th – August 21st Lights, Camera, Action! Theatre Fun

Member Rate

Non-Member \$250/ Week

Pre Care \$ 10/ Day

Post Care \$10/ Day

Total \$ _____

Week #8 August 24th – August 28th Magic and Mystery

Member Rate

Non-Member \$250/ Week

Pre Care \$ 10/ Day

Post Care \$10/ Day

Total \$ _____

Day Camp Waiver and Liability Release

1. You hereby give my approval for my child's participation in any and all activities prepared by the Jasper-Yellowhead Museum and Archives during the selected camp. In exchange for the acceptance of said child's candidacy by the Jasper-Yellowhead Museum and Archives, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless the Jasper-Yellowhead Museum and Archives and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.
2. In case of injury to said child, I hereby waive all claims against the Jasper-Yellowhead Museum and Archives including all operators and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all activities, including playing at the JYMA, some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.
3. Jasper-Yellowhead Museum Day Camp reserves the right to cancel a child's participation in camping programs if their behavior is deemed unmanageable by camp staff or is dangerous to themselves or others. Parents will be notified immediately to pick up their child and may not be subject to a refund.
4. Jasper-Yellowhead Museum Day Camp staff reserve the right to apply bug spray and sunscreen to your child before and during outside activities.
5. Jasper-Yellowhead Museum Day Camp staff have the ability to take your child off museum grounds and into the community/surrounding area for out trips and activities.
6. Jasper-Yellowhead Museum Day Camp is not responsible for any lost or stolen items.
7. You give permission to Jasper-Yellowhead Museum Day Camp staff to administer first-aid in the event your child is ill or in need of medical attention. If you are unable to be contacted, you authorize Jasper-Yellowhead Museum Day Camp staff to seek medical attention for your child on their behalf.

Please check this box to acknowledge that you give permission to Jasper-Yellowhead Museum Day Camp staff to take your child picture for promotional and activity related use.

Please sign the following to acknowledge that you have read and agree to the conditions stated above

Parent/ Guardian Name (please print): _____

Parent/ Guardian Signature: _____

Date: _____

Witness Name (please print): _____

Witness Signature: _____

Date: _____