

GRAND EXPERIENCES
Canoe & Kayak Summer Camp Registration 2019

First Child Camper's name:

Age: _ Date of Birth: _/_/_ (Mo / Da / Yr) Male_ / Female_

Second Child Camper's name:

Age: _ Date of Birth: _/_/_ (Mo / Da / Yr) Male_ / Female_

Parents/Guardians:

Address:

Home phone: ___ Parent ___ Alt. number:

Email: ___ Parent ___ Alt. number:

Please mark the camp dates you would like to enroll in: (if more than 1 child please indicate child & week(s))

Beginners Camp July 2-6 (short week) __ , July 15-19 __ , July 29 - Aug 2 __ ,

Youth Intermediate Camp July 15-19 __ , July 29- Aug 2 __ , Aug 12-23 __

Camp Runs from 9am to 4:30 pm with drop-off between 8:30 - 9 am & pick-up 4:30 - 5 pm. Please talk to our staff re: earlier drop-off &/or later pick-up

If child is to be picked up by persons other then legally named parents/guardians please complete following

I authorize that my child can be picked up at an alternate person

Name: _ Relationship to child: _

Name: _ Relationship to child: _

Did your child attend day camp last summer? _ Which Skill Level _

If yes, how many previous summers? _

Please indicate interests, approaches &/or behaviour management styles that work well with your child.
1stChild:

2ndChild:

Ontario health card number:

1st Child: _

2nd Child: _

First Emergency Contact Name and Phone number: _

Second emergency Contact Name and Phone Number:

Physician's Name and Phone Number: _

Health:

1st Child: _

Allergies:

Penicillin_ Bee Stings_ Drugs_ Animals_ Foods_ Others_
Please Specify_

Immunization: Please indicate dates for the following:

Measles, Mumps, rubella (MMR): _

Diphtheria, Pertussis, Tetanus, and Polio (DPTP): _

Medical Condition: Are there any serious medical conditions that you feel the camp should be aware of?
Please attach a note related to the following conditions or any other health restrictions.

Heart condition	_	Seizures	_	Appendicitis	_
Diabetes	_	Fainting-	_	Asthma	_
Frequent Ear infections_		Hay Fever	_	Hepatitis	_
Sinus trouble	_	Headaches	_	Frequent colds	_
Kidney trouble	_	Severe stomach aches_		Other :_	

Medication: If you are sending medication to camp:

- 1) Send all medication in original bottles

2) Attach a note indicating camper's name, phone number, dosage and time to administer.
My child is going to be taken off the following regular medication for day camp _

Swimming level- _ a life jacket is needed in the pool Yes, _
(PFDs always worn in canoes & kayaks)

2nd Child:

Allergies:

Penicillin_ Bee Stings_ Drugs_ Animals_ Foods_ Others_

Please Specify_

Immunization: Please indicate dates for the following:

Measles, Mumps, rubella (MMR):_
Diphtheria, Pertussis, Tetanus, and Polio (DPTP):_

Medical Condition: Are there any serious medical conditions that you feel the camp should be aware of?
Please attach a note related to the following conditions or any other health restrictions.

Heart condition	_	Seizures	_	Appendicitis	_
Diabetes	_	Fainting-	_	Asthma	_
Frequent Ear infections_		Hay Fever	_	Hepatitis	_
Sinus trouble	_	Headaches	_	Frequent colds	_
Kidney trouble	_	Severe stomach aches_		Other :	_

Medication: If you are sending medication to camp:

- 1) Send all medication in original bottles
- 2) Attach a note indicating camper's name, phone number, dosage and time to administer.

My child is going to be taken off the following regular medication for day camp:

Swimming level- _ a life jacket is needed in the pool, Yes _
(PFDs always worn in canoes & kayaks)

Canoeing Experience

To the best of my knowledge, my child is in a good health and has not been exposed to any infectious diseases in the past four weeks. If he or she became exposed to any infectious diseases, or experienced any change in health status between now and the beginning of the camp period, I understand the camp must be notified in writing. I have disclosed all pertinent medical information including information regarding prescription medications. I hereby give permission to allow my child's physician to give medical information about my child should it be required by the camp. I permit the camp Lifeguards or First Aider's to use their judgment in determining the extent of immediate medical care as required for my child and the possibility of using the emergency service of a hospital.

I give my permission for my child to attend Day Camp. I understand that my child may be dismissed from camp if their behaviour warrants it, and my registration fee will be forfeited. I give my permission that any photographs and videos may be used for publicity.

Parent/Guardian Signature: _ Date: _

Copy without signature can be emailed in for registratin.

Signed copy can be mailed or brought into shop by first camp day

Your child will be registered when you return the completed Registration and Health & Safety form and full payment has been made.

Payment Options; Visa_ Master Card_ Cheque_ Cash/Debit_

Visa/American Express payments can be made by phone, on-line or in person at our shop. Cheques can be mailed or dropped off and all methods are accepted at our shop. Please do not mail cash. Please make cheque payable to Grand Experiences and return with completed form to Grand Experiences, 115 Grand River St. N, Paris, Ontario, N3L 2M4.
We also accept E - Transfer

What to Bring

- | | |
|-------------------------|---------------------|
| -Sunscreen | -Change of Clothes |
| -Bathing suit | -Wet & Dry Footwear |
| -Sunglasses | -Towel |
| -Lanyard for eyeglasses | -Water Bottle |
| -Hat | -Lunch |

Optional

Paddles, PFDs and Canoes are provided but please feel free to bring your own

GRAND EXPERIENCES
Outdoor Adventure Company
115 Grand River St. N. Paris, ON N3L 2M4
519-442-3654 1-888-258-0441 info@grand-experiences.com
www.grand-experiences.com