

Camp Blaze Registration Form 2011

Child's Name: _____ DOB: ____ / ____ / ____ Age: ____ M F
 Address: _____ D M YR
 City: _____ Home Phone: _____ Postal Code: _____
 E-mail Address: _____ Health Card # (Optional): _____
 Mother's Name: _____ Work Address: _____ Phone: _____
 Father's Name: _____ Work Address: _____ Phone: _____
 Custody: Mother Father Both Cell #: _____

EMERGENCY CONTACT (OTHER THAN PARENTS): _____
 Telephone: _____ Address: _____
 Relationship to child: _____
 Child's Family Doctor: _____ Address: _____ Telephone: _____

NAME OF PERSONS TO WHOM THE CHILD MAY BE RELEASED:
 1) _____ 2) _____
 3) _____ 4) _____

Does camper require medication to be administered by BCC camp staff? No Yes
If yes, please fill out Medication Authorization form.

Child's Swim Ability: Swimmer Non-Swimmer Grade Completed in June 2011: _____

Health and Medical Information
 Please indicate which communicable diseases your child has had:

Camp Choice

TYPE	YES NO		DATE	CAMP THEME	EXT. AM	EXT. PM	TOTAL FEE
	YES	NO					
Red Measles			Week 1 July 4-8	Art Attack			
Rubella (German Measles)			Week 2 July 11-15	Super Sports			
Chicken Pox			Week 3 July 18-22	Water Week			
Pertussis (Whooping cough)			Week 4 July 25-29	Pirates of the BCC			
Mumps			Week 5 Aug. 2-5	Culinary Creations			*
Hepatitis A			Week 6 Aug. 8-12	Animals			
Hepatitis B			Week 7 Aug. 15-19	Medieval Times			
Other _____			Week 8 Aug. 22-26	Final Fling			

List any Allergies: _____
 Special requirements for diet, rest or exercise? _____
 Any symptoms indicative of ill health? _____
 Has your child been immunized as per the Education Act?
 No Yes
 If No, please explain: _____

* 4 day week = \$120

Camp Hours are 8:00-4:30. **Weekly Fee is \$150.00.**
Extended care is available **\$3 am, \$3 pm, \$5 both/day**

Sign up for a full week and receive a free t-shirt & hat!

Date of Admission: _____
 Date of Discharge: _____



 Parent/Guardian's Signature Date

BRIGHTON CHILDREN'S CENTRE

CAMP BLAZE CONSENT FORM 2011

The following are areas that require your written consent. Please read carefully and sign at the bottom.

- I hereby give permission for my child to use all of the play equipment and participate in all the activities of the Brighton Children's Centre/Camp Blaze Program, including outdoor play.
- I hereby grant permission for my child to be included in evaluations and pictures connected with the program. I understand the pictures may be used to promote the Brighton Children's Centre's programs in the local newspaper, promotional flyers and at community events.
- I hereby grant permission for my child to participate in short, local field trips where no transportation is required. (ie. library, grocery store, park, bowling). Specific consent forms will be signed for field trips requiring bussing.
- I hereby grant permission for the Supervisor or Acting Supervisor to take whatever steps necessary to obtain emergency medical care for my child if warranted. These steps will include, but are not limited to, the following:
 - 1) Call 911 and have the child taken to the nearest hospital
 - 2) Contact the parents/guardians through any of the persons on the emergency medical report filed by the parents/guardians.I understand that any expenses incurred will be paid by me.
- I hereby grant permission for my child to wear the sunscreen provided by the Brighton Children's Centre.
- I have reviewed the **Behaviour Management Policy** of the Brighton Children's Centre and agree to follow it.

Parent/Guardian Signature

Date

Camp Staff