



MONDAY-FRIDAY
March 11 - 15, 2019
9:00am - 3:00pm



MARCH BREAK DAY CAMP

Name of Child: _____ Age: _____

Name of Parent/Guardian _____

____ I am registering more than 1 child. My information remains the same.

Preferred Phone Number in case of emergency: _____

Address: _____

Postal Code _____

Alternative Phone Number: _____

Email: _____

Acknowledgement of Inherent Risk

I hereby authorize my child to participate in the **March Break Day Camp**. I acknowledge and understand there are inherent risks associated with program activities. I recognize that my child's participation in the **March Break Day Camp** is a privilege and as a consideration for this privilege, I release Malvern Methodist Church (MMC) and The HopeWorks Connection, Inc., (HWC), including their employees, agents and trustees, from responsibility for any accidental physical injury including death or illness, and loss of personal property while my child is engaged in programming or during MMC and HWC's sponsored travel. This release is also intended to include all claims made by my family, estate, heirs, personal representative or assigns. I grant permission for my child to participate in all special outings off program property with proper staff supervision.

Parent/Guardian Initials: _____

Health Information and Waiver

Health Card Number: _____

Vital Medical Information (allergies, medication etc.):

Please describe any medical or dietary information, which must be addressed and what we should be aware of:

Medication accompanying Child: _____

Doctors Name: _____ **Doctor's Phone:** _____

Dietary Snack Preferences

Please indicate your choice below with an "X":

_____ **Regular** (My child eats most everything he/she likes)

_____ **Regular with an allergy** (My child eats most everything he/she likes but has an allergy)

Allergy _____

_____ **Vegetarian** (My child doesn't eat meat but eats dairy products & fish)

_____ **Strict Vegetarian/Vegan** (My Child doesn't eat meat, fish or dairy)

PLEASE NOTE: In providing snacks, neither MMC nor HWC will be responsible for providing specialized foods, etc. While we do our best to accommodate participants' needs, we will not be responsible for strict adherence.

ANY HIGHLY SPECIALIZED DIETARY NEEDS SHOULD BE PROVIDED FOR BY PARENT/GUARDIAN.

Parent/Guardian Initials: _____

Field Trip Permission

I, _____ give permission for my child _____
(Guardian/parent name) (Participant's name)

to attend all field trips. I understand that The HopeWorks Connection/Malvern Methodist Church summer staff and volunteers will do their best to ensure safety and good supervision throughout the trip. I have instructed my child/children to behave with utmost respect. I also understand that due to public transportation, my child may arrive back at camp a bit later than scheduled.

Parent/Guardian Initials: _____

Vehicle Transportation Waiver

I understand and have explained to my child that he/she is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff/volunteer chaperones. I have read and understand that:

- He/she will be traveling in a motor vehicle driven by an adult and must wear a safety-belt while traveling
- When traveling by bus, he/she must obey all of the safety requirements outlined by adult staff/volunteer chaperones
- Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects

I recognize that as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my executors and assigns, further agree to release and forever discharge MMC and HWC, their Board of Directors, and their agents, officers, employees and volunteers from any claim that I might have with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Initials: _____

Drop-Off/Pick-Up Arrangements

I understand that the **March Break Day Camp's** regular programming begins at **9:00am** and unless cleared in advance with the Camp Director, my child must be on site ready to go no later than **9:30am** so as not to disturb everyone else's experience.

I also understand that the **March Break Day Camp's** regular programming ends at **3:30pm**. A grace period of exactly 15 minutes is allowed. I agree to abide by this time frame.

Please indicate your choice below with an "X":

____ My child will be coming on his/her own and I grant permission for them to be released at **3:30pm** directly from Day Camp.

____ I will drop off and pick up my child or make arrangements for the designated person or person(s) below to do so by **3:30pm**.

(Persons other than parent or guardian picking up must show a driver's license or other photo ID before camper will be released)

Designated Person(s) Names:

1. _____
2. _____
3. _____

Parent/Guardian Initials: _____

Photo Media Release

Please indicate your choice below with an "X":

____ **I hereby give permission** for images of my child, captured via standard and/or digital photography and videography, to be used solely for the purpose of The HopeWorks Connection/ Malvern Methodist Church's publications and promotional materials in print or electronically, and understand that I wave any rights of compensation or ownership thereto.

____ **I do not give permission** for images of my child, captured via standard and/or digital photography and videography, to be used for the purposes of publications and promotional materials in print or electronically.

Parent/Guardian Initials: _____

Authorization:

I have read through, understand, filled out and agree to adhere to all policies articulated in the **March Break Day Camp's** registration package comprised of the following: Acknowledgement of Inherent Risk; Health Information and Waiver; Field Trip Permission; Vehicle Transportation Waiver; Drop Off/Pick Up Arrangement: and Photo Release.

Parent/Guardian Signature: _____ **Date:** _____

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You can submit your registration form and \$60.00 registration fee to:

Malvern Methodist Church
2 Morningview Trail
Scarborough, ON
M1B 5A8

Or

Email form with Electronic Funds Transfer (ETF) payment to:

hopeworks.office@gmail.com

Please set the ETF password as: march19