



PLAYGROUND PROGRAMS

2022 REGISTRATION FORM

\$6.00 PER SESSION (3 hours)

(5, 10 & 20 punch cards available)

Sessions run: 9am - 12pm & 1pm - 4pm

***NEW** – Lunchtime supervision sessions 12:00-1:00pm. \$3.00 PER LUNCTIME SESSION
(On Mondays, Tuesdays, Wednesdays & Fridays — bring packed lunch from home)

☐ **Rothesay Park School**
(June 27 - Aug. 26)

☐ **K-Park Elementary School**
(June 27 - Aug. 26)

☐ **Wells Recreation Site**
(June 27 - Aug. 26)

HELP US GET TO KNOW OUR CAMPERS BETTER & KEEP EVERYONE SAFE FOR AN ENJOYABLE SUMMER

#1 Camper's Name: _____ Age: _____ D.O.B. _____ ☐ Male ☐ Female

#2 Camper's Name: _____ Age: _____ D.O.B. _____ ☐ Male ☐ Female

#3 Camper's Name: _____ Age: _____ D.O.B. _____ ☐ Male ☐ Female

Home Phone: _____ Cell Phone: _____ Parent's Email _____

Street Address: _____ Town: _____ Postal Code: _____

Medicare Number(s): #1: _____ ; #2: _____ ; #3: _____

Medical Conditions or Allergies: _____

Parent/Guardian phone number while child(ren) are at camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Contact person other than the Parent/Guardian:

Name: _____ Phone: _____

Who has permission to pick up your child(ren) from camp?

Name(s): _____

My child(ren) have permission to: ☐ walk home ☐ bike home

Thursday afternoon sessions take place at the beach (K-Park goes to K-Park Beach and Wells & RPS go to Renforth Beach)

Parents are to check in with a counselor when dropping their child(ren) off at the beach. In the case of inclement weather the afternoon session will take place at the playground program site. The call about inclement weather will be made by 12pm on Thursday.

I, _____ give permission for _____ to swim out to the raft

Tuesday afternoons the playground programs walk to a nearby store. (K-Park goes to the Irving, Wells goes to the Petro-Canada store and RPS goes to convenience store on Scott Avenue). Child(ren) can bring small change if they wish to get a treat.

I, _____ give permission for _____ to walk to the nearby convenience store on Tuesday afternoons.

WAIVER: I am aware that staff and the Town of Rothesay assume no responsibility nor liability or loss suffered by my child(ren) and that the staff is responsible for them upon their entering the camp premises. I understand the above liability waiver.

SIGNATURE: _____ DATE: _____

PHOTO PERMISSION: I am aware that photographs and/or videos of my child(ren) may be taken during the Day Camp Program and used for promotional purposes on posters, flyers, slideshows and websites. I hereby grant permission to the Town of Rothesay to use and distribute photos and/or videos for the purposes stated above: YES ☐ NO ☐

SIGNATURE: _____ DATE: _____

*****FORM WILL NOT BE ACCEPTED WITHOUT CORRECT MEDICARE NUMBER(S)*****