

EXPLORE

Queen's Geography Summer Camp



68 University Avenue
Kingston, ON K7L 3N6
Phone: 613-533-6000 ext. 77214
Fax: 613-533-6122
Email: explore.geography@queensu.ca
Website:
<http://www.geog.queensu.ca/Explore/index.asp>

2012 Summer Camp Registration Form

All four pages of the registration package must be returned prior to your camp session

All payment must be made by the first of the month during which your camp session takes place

Camper Name: _____ Phone # _____

Address: _____ City: _____ Postal Code: _____

Male / Female Camper's Age: _____ Grade Entering in September: _____

I have enclosed a cheque/cash for \$ _____ (please make cheque payable to Queen's University)

Please check off the week(s) you would like your camper to attend!

Explore Junior

- July 3rd – 6th *
- July 9th – 13th
- July 23rd – 27th
- July 30th – August 3rd
- August 6th – 10th *
- August 20th – 24th

Explore Senior

- July 16th – 20th
- August 13th – 17th

* 4 day holiday week (\$150.00)

Is there anyone you want to be in a group with? _____

How did you hear/know about Explore? _____

Does your child have any special needs we should be aware of? Please attach an additional sheet if needed. _____

*Will you need extended-care (8:00-5:00)? (an additional charge of \$30. Please circle) YES NO

*You can enclose a deposit of \$50 (**made payable to Queen's University**) to ensure your spot!

*Please mail to the address on the top of this sheet. Total cost per week is \$185. (*4 day holiday week, cost is \$150)

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Camper Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number (home): _____ Health Card Number: _____

Parent/Guardian name: _____ Email: _____

Address (omit if same as above): _____

Phone Number (home): _____ (work): _____

Emergency Contact

Name: _____

Address: _____

Phone Number (home): _____ (work): _____

Relationship to camper: _____

Medical Information

Name of Family Physician: _____ Phone Number: _____

Does your camper have any current medical problems? If yes, please explain.

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Is your camper currently taking any medication? If yes, please list below. Please include exact instructions if this medication needs to be administered during the camp day. Only the daily dose needed should be brought to camp each day. Any medication brought to camp needs to be clearly labeled with the camper's name and medication type. This should be given to the Instructor each morning and will be returned to the parent/guardian each afternoon.

Does your camper have any allergies? If yes please list and describe any details we should know about:

Please let us know any other important information we should be aware of, including who is allowed to pick your camper up at the end of each day or any specific access restriction situations we should be aware of:

Parent/Guardian Signature

Date

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Camper Release Form

I, _____ as the parent/guardian of _____ permit my child to participate in Explore Camp activities under the supervision of the camp instructors, and hereby release Explore Camp, its directors, instructors, volunteers and/or affiliates from any claim or action of any kind for damages, loss or injury, excepting those caused by neglect, which may occur as a result of my child's participation. I agree that Explore Camp may seek immediate medical attention for any injury which my child may incur during the course of the camp session(s). I have also read the Explore Camp registration package, specifically the points of camp policy. I agree with all policies and have addressed the directors with any concerns I have. I have also gone over all relevant information with my camper.

Signature of Parent or Guardian

Date

During your child's session at camp, the staff may take pictures as a means of remembering the events of the summer. These pictures may be posted on our website in order to showcase the activities we do during the summer. As well, pictures may be used for promotional purposes on brochures, posters and in sponsorship packages. In order to use your child's photograph it is necessary to obtain your permission. I hereby allow Explore Camp to use my child's photograph for camp promotional purposes only, as they see fit.

Signature of Parent or Guardian

Date

For Explore campers:

I, _____, agree to comply with all safety precautions and rules while at Explore. I will listen to my instructor and the directions they give for each activity, and will ask if I need clarification of any of these instructions. I will approach all activities in a mature manner and promise to try each activity.

Signature of Camper

Date