



Nature Interpretation Day Camp
Andrew Haydon Park

Registration and Medical Release Form

Please print this form and mail with your payment 30 days prior to the session.
Mail to Look and Listen c/o M. Webber 1913 Dunrobin Road Kanata, Ontario K2K 1X7
For information phone 613 839 5217 or visit www.dandelionjam.com

Child's Name _____ Age _____ [] Male [] Female

Date of Birth _____ Health Card Number _____

Session Date(s) _____

Camp Fees: Full week \$140.00 Amount enclosed \$ _____

Please make cheques payable to Martha Webber

Extended Hours: available \$4.00/hour 8-9:00 am and 4-5:00pm (payable on a daily basis to supervisor)

I will need extended hour service on:
A.M. [] M [] T [] W [] T [] F []
P.M. [] M [] T [] W [] T [] F []

Parent's/Guardian's Name(s) _____

Home Phone # _____ Bus Phone(1) _____ (2) _____

Email _____

Address _____ Postal Code _____

Emergency Phone Numbers: Please list all numbers and contacts (work, cell, pager, etc.)

Emergency Contact (if different from above) _____

Person(s) who will be picking up your child _____

(Note: Your child will not be released to anyone else without your written permission)

Child's Hobbies and Interests _____

Child's Fears or Concerns _____

In order to ensure that the employees of Look and Listen Day Camp can take the utmost care to prevent your child from becoming injured or ill, please indicate if he/she has any of the following:

- [] fainting spells [] asthma [] allergies
[] nose bleeds [] food sensitivities [] heart disease
[] respiratory problems [] epilepsy [] back problems
[] other, please specify _____

If your child is on medication, please detail: _____

Doctor's Name _____ Phone # _____

I hereby agree to release, waive and forever discharge Look and Listen Day Camp, and employees from and against all claims, losses, damages, expenses, suit or suits or other remedies/actions while my child was engaged in any facet whatsoever of the program.

By signing this waiver and release, I acknowledge that I have read, understood and accepted the conditions stated above. I certify that my child's state of health permits him/her to participate in the nature program.

Signature of Parent/Guardian _____ Date _____

I give my permission for camp pictures of my child to be used for publicity (child's name will not be given)

Signature of Parent/Guardian _____ Date _____

I heard about Look and Listen Day Camp from:

- [] Return camper [] word of mouth [] Wildlife Festival
[] Home School Assoc. [] Kanata Courier [] Public Library
[] Martha Webber Field Trips [] Nepean Sailing Club
[] Other _____