



Huronia Museum & Huron Ojibwa Village
 Box # 638, 549 Little Lake Park Road
 Midland, Ontario L4R 4P4
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P.A. Day Camp Registration Form

1. **How did you learn about our camp?**

2. **Camper Information** Please print and fill in all categories

Name: _____ Allergies: _____
 Age: _____ Date of Birth: _____ M / F _____
 Health Card # _____ Medications: _____
 Doctor's Name: _____

3. **Parent / Guardian Information** Please print and fill in all categories

Name: _____ Emergency Contact: _____
 Mailing Address: _____ Relationship: _____
 Phone # _____
 Postal Code: _____ Please tell us about your child: _____
 Home Phone # _____
 Bus. Phone # _____
 Cell Phone # _____

Names of additional individuals authorized to pick my child up from camp
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

In the event that someone other than those listed above will be picking up your child, please notify the museum in writing.

Please indicate the date of the camp your child wishes to attend.

Please notify camp staff of any cancellations 24 hours in advance or you will be charged a cancellation fee.
 Payment should be made no later than the morning of your child's camp attendance.

Payment may be made by cash, cheque, Visa, MasterCard or Debit

Please read carefully before signing

I give permission for pictures to be taken of my child during camp activities, both on and off-site, which may be used for marketing purposes.

Any personal belongings brought to camp are the responsibility of my child and Huronia Museum is not liable for any damage or loss of those items. Electronic devices, such as MP3 players and cell phones are not permitted in camp. Those found will be held in trust by museum staff and returned to the camper upon pick up.

All of Huronia Museum's Day Camps have a peanut free policy to ensure the safety of all campers. As such, we ask that you send your child with a peanut free lunch. Any items found to contain peanuts will be held by museum staff and returned to the child upon pick up.

In the event of illness or injury, I give permission for Huronia Museum to seek medical attention for my child, including the transportation of my child to the local hospital, either by a staff vehicle or ambulance. I understand that, should my child, in the opinion of Huronia Museum staff be considered a hazard to him/herself or to other campers he/she may be sent home from camp at any time.

I have read and understood the above rules and conditions. I certify that all the information provided is true and accurate.

Parent / Guardian

Date