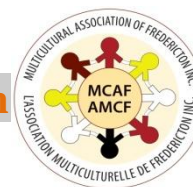


Rainbow of Cultures Summer Camp Registration Form



**MCAF 28 Saunders st.
School Ages 4-12 years old
June 25~ Aug 3, 2018
Registration # _____**

Summer Camp Hours

<p>Monday to Friday 8:00am – 4:30pm. A late fee of \$5 per minute applies for pick up after 4:30pm.</p> <p>Please indicate the week(s) your child will attend camp: June 25-29 () July 2-July6 () July 9 - 13 () July 16 -20 () July 23 -27 () July 30-Aug 3 ()</p> <p>If your child will not be attending on any registered day, notification must be given to MCAF prior to the scheduled arrival time.</p> <p>Statutory Holidays This program will be closed for statutory holidays. Regular weekly rates will be charged.</p> <p>Illness and/or injury Parents should not send a child to the camp if she/he is ill. Parents will be expected to pick up, as soon as possible, a child that has become ill or injured at the camp.</p>	<p>Subsidy Information Subsidy requested: Yes () No ()</p> <p>Please complete the Fee Assistance Application Form</p> <p>(FOR OFFICE USE ONLY) Payment amount: _____ Receipt #: _____ Subsidized fee: _____ Date: _____</p>
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Personal Information

Child's Name:	Date of Birth (DD/MM/YYYY): Male () Female ()
Country of Origin:	Age: _____ Languages Spoken:
Mailing Address:	Postal code:
Parent/ Guardian Name:	Parent/ Guardian Name:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Cell Phone:	Cell Phone:
MCAF Language class participant Yes () No ()	MCAF Language class participant Yes () No ()
Class Level:	Class Level:
Teachers name :	Teachers name:
Email Address:	Email Address:

Emergency Care	
1. Emergency contact and Relationship to Child:	1. Emergency Telephone Number:
Physician Name:	Physician Telephone Number:
Medicare Number :	Dietary restrictions:
Allergies: Epipen: Yes () No ()	Any medication taken by child: Does the child carry and know how to administer his/her own medication? Yes () No ()

Are there any medical condition and other needs that MCAF staff should be aware of:

Child Release Authorization: Only person(s) on this list will be permitted to pick up your child from the program:

Name:	Relationship to child:
Name:	Relationship to child:

Has Permission to leave summer camp on his/her own **Yes** () No ()

Parent/ Guardian initial: _____

Waiver:

I hereby release the Multicultural Association of Fredericton and all persons employed by and/or associated with MCAF from all claims and causes of action resulting from the participation of my child (ren) in the Rainbow of Cultures Summer camps offered by MCAF at the Fredericton Intercultural Centre from June 25th – Aug 3rd, 2018.

Parent/Guardian initial _____

Emergency Transportation policy:

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the operator, administrator or staff of Multicultural Association of Fredericton Inc. to take whatever emergency measures are necessary for the protection of (our) my child while in their care. I (we) understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle. I (we) understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility. Parent/ **Guardian initial** _____

rent/ Guardian initial _____

Permission for Outings:

External Outing Waiver

I (we) give permission to the Multicultural Association of Fredericton to transport my (our) child/ren to and from external activities by public transportation, chartered bus and MCAF vans. I understand that the Multicultural Association of Fredericton will make every effort to notify me (us) in advance of the outing, but that changes to the schedule due to weather, or other factors may prohibit the camp from contacting me (us). I (we) also understand that all field trips and outings will return to Camp by 4 pm. A schedule of planned trips will be made available to parents in advance and parents will be required to notify MCAF of any trips that their child will NOT be permitted to go on. I (we) understand that the children attending the Rainbow of Cultures Program will be going to several field trips this summer including but not limited to Mactaquac Beach, Kings Landing, Scotts Nursery, Science East, Bowl-O-Dome, Fire Station, Police Station.

I (we) give my (our) child permission to go on all field trips: YES / NO

Certain field trips such as Mactaquac Day invite parents to attend along with their child. During these trips it is the responsibility of the parent/guardian to supervise their child (ren). If it is a rainy or cold day, then the field trip will be postponed to another day and notice will be given to camp participants and their parents by Camp Staff.

Please indicate below the names of any parent/guardian of your child (ren) that are authorized to attend such trips. For the safety of all children, adults will be asked to verify their identity when boarding the bus.

Parent/Guardian initial : _____

Camp Activity Agreement:

I (we) hereby give my (our) permission for my (our) son/daughter to participate in any activities offered during the Multicultural Association of Fredericton's Rainbow of Cultures Program, for the duration of the summer camp.

I (we), the UNDERSIGNED, hereby acknowledge that certain RISK OF INJURY is inherent to the participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both.

I (we) understand that the RULES AND REGULATIONS are designed for the safety and the protection of participants and hereby undertake to abide by these rules and regulations.

I (we) understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and each person has a different capacity for participating in these activities.

I (we) hereby WARRANT my (our) child being physically fit to participate and understand that the CHOICE to participate brings with the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I (we) agree that THE MULTICULTURAL ASSOCIATION OF FREDERICTON or its board members, employees, servants, or agents as well as volunteers shall not be liable for any injury to my (our) child, loss or damage to my (our) child's personal property arising from, or in anyways resulting from, my (our) child's participation in these activities

Parent/Guardian initial : _____

Swimming Policy:

I (we) understand that the children attending the Rainbow of Cultures Program will be going swimming this summer and that only children that are competent swimmers will be allowed to swim in the adult swimming pool.

I (we) give my (our) child permission to go in the following pool(s) when they go swimming:

Wading pool: YES / NO

Adult Swimming Pool (Deep End): YES / NO

Cancellation/ Refund Policy:

To receive a **full** refund, registration must be cancelled for any of the six weeks of camp **at least one week prior to the beginning of the first day of the camp**

Cancellations after that date will be handled as follows:

- Cancellations for any **weeks that have already begun will NOT** warrant a refund; although any subsequent weeks will be partially refunded using the above formula.
- If cancelling on a **Friday for the following Monday**, before the commencement of the week of registration, money for that week will be refunded, minus a **\$40 fee**, or 2/3 of the weekly registration cost, whichever is less.
- If cancelling **less than one week** before the commencement of the week of registration, money for that week will be refunded, minus a **\$30 fee**, or half of the weekly registration cost, whichever is less.
- If cancelling with **one week's notice** (or more) before the commencement of the week of registration, the money for that week will be refunded, minus a **\$20 fee**, or one third of the weekly registration cost, whichever is less.
- If cancelling (with more than one week's notice) for a number of weeks, the fine for each **subsequent week will decrease by \$5**

Media Release:

I, _____ (parent's name) as the parent/guardian of _____ (child's name)

authorize the Multicultural Association of Fredericton (MCAF) Inc. to use images of my child and/or his/her first name for:

- Reports to the Funders
- Media Coverage
- MCAF Newsletter
- the Annual General Report
- MCAF web site
- MCAF promotions and presentations

I understand that all other personal information about my (our)child will be kept private and confidential, and that photos and first names will only be used in good faith by the Multicultural Association of Fredericton.

I agree that the Multicultural Association of Fredericton, Inc (MCAF), shall not be liable for any consequences to myself/my child resulting from the above listed.

I have read and understood the above IMAGE AUTHORIZATION AND RELEASE AGREEMENT.

Signature of Parent/Guardian

Date

By signing below you are indicating that you are registering your child in the Multicultural Association of Fredericton's Rainbow of Cultures Summer Camp Program and that **you have read and agree to all of the related policies stated above**. In consideration of the Multicultural Association of Fredericton Rainbow of Cultures Summer camp accepting the above minor as a member and/or permitting him/her to enjoy the facilities of the said, the undersigned parent or guardian on behalf of himself/herself and on behalf of the minor applicant, do waive and release each and every right or claim for negligence we and each of us have or may have against the Multicultural Association of Fredericton, the Rainbow of Cultures Summer camp, its agents, employees, servants or representatives for all and any injuries, accidents or mishaps occasioned by or to below named minor while participating in the activities of or in the care of the said Multicultural Association of Fredericton Rainbow of Cultures Summer camp.

Parent Guardian Signature:

Date: