



Chefs in Training

Summer Camp Registration Form

***Please note: we are not an allergen free camp ***

Please select the week you want your child/children to attend. You can rank them 1, 2, 3 and you will be placed according to preference and first come-first served availability.

Drop off your registration form to 1150 Pontiac Drive, Sarnia OR 233 Cameron St., Corunna

~~_____ Camp Week: July 8 – 12 _____ Location: 460 Christina Street N, Sarnia (FULL) _____~~

~~_____ Camp Week: August 19 – 23 _____ Location: 460 Christina Street N, Sarnia (FULL) _____~~

_____ Camp Week: August 12 – 16 _____ Location: St. Andrew’s Presbyterian Church, 437 Colborne Rd. Corunna

Time: 11:00 a.m. to 1:00 p.m.

Please send your child to camp with a water bottle and closed-toed shoes for safety in the kitchen!

Name of Child: _____ Gender (circle): M or F

Age: _____ Parent/Guardian: _____ Daytime phone #: _____

In case of emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf:

Emergency Contact name & #: _____

Medical:

Please list any medical/behavioral conditions or concerns we should be aware of:

Does your child carry any medication or inhalers? Y/N If meds are required what are they for, and where are they located?

Please note: we are unable to administer medications

Food Allergies: Please list: _____

Which require an Epi-Pen? _____

Please note: we are unable to administer an Epi-Pen.

Dietary Restrictions (please provide details below):

Please note: we are not an allergen free camp.

Pick up/Drop off

It is your responsibility to have your child arrive and return home safely. We will provide a sign in/ sign out page for each of the days of the camp. The only role Rapids Family Health Team will play in safe dismissal of your child is to release them according to your requests. **My child will be picked up or dropped off by one of the following people:**

Name	Relationship to child
_____	_____
_____	_____

Who can we not release your child to?

_____	_____
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My child may or will walk or ride (e.g. bike, scooter) to or from camp:	Yes	No
He or she is okay to walk or ride alone without an adult.	Yes	No

Photo Consent

Rapids Family Health Team may wish to take and use photographs and/or digital images of the children for the use in promotional material. The children’s name may be used in descriptive text or commentary in connection with the image(s). If you wish to consent to the use of these photos please sign below.

_____	_____
Sign	Date

Conduct

Participants are expected to conduct themselves in a safe manner and to abide by Rapids Family Health Team’s guidelines for conduct which will be discussed at the commencement of camp. Anyone who does not or whose actions jeopardize their safety or the safety of the group will be dealt with immediately. If appropriate he/she may be sent home.

WAIVER

I, _____ (*please print your name*) hereby give consent to my child being involved in the Healthy Kids Summer Camp. I understand that participation in this program may involve participant’s use of cooking equipment and tools in a busy kitchen environment. It is understood and expressly agreed to by the parent/guardian that by signing this form and taking part in this program, the participant releases, indemnifies, and hold harmless, Rapids Family Health Team employees, volunteers, and contractors, from any and all liability of any kind for any damages and/or injuries incurred in connection with the participant’s attendance in the program. I also understand and accept the risks inherent in the preparation, cooking, and eating of food with other people in the community kitchen. I have read and understood the information provided within this form.

_____	_____
Signature of Parent/Guardian	Date