



Rapids

Family Health Team

## Chefs in Training

### Summer Camp Registration Form

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

**Drop off your registration form to 1150 Pontiac Drive**

**Camp Week:** August 8 – 11, 2023

**Location:** 460 Christina Street N, Sarnia

**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.

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### **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 |
|-------|-----------------------|
| _____ | _____                 |
| _____ | _____                 |

|   |     |    |
|---|-----|----|
| 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  |