Paradise & District Lions

Summer Playground Registration 2022

Name of Participant:		DOB:	W 4	Gender/Sex
Address:	City:		Province:	Postal Code:
Health Card #				
Parent/Guardian's Name:		Tel: ()	Ce	ell: ()
Preferred Email:		Alt Email:		
Parent/Guardian's Name:		Tel: ()	Ce	ell: ()
(Address if different from above)				7
Preferred Email:		Alt Email:		
Alternative Emergency Contact			Tel: (
Relationship to Child				
WEEK 1 - July 11-15 WEEK 2 -	-		_	
*(Please circle Registration Cost	which week/s	s you are registe	ering your child for	·) *
\$195.00 per child/per week (10% discount for Occasional Day Registration is \$40.00 per da	and the same of th	onal child from	the same family a	after the first sibling)
Occasional Day Participants accepted at the Method of Payment (payment must be made	~ ~ ~ ~			
Registration payable by Cheque or NOTE: If paying by e-Transfer please include the-Transfer online form			easurer@paradiseli	
For other information or arrangements contact: secretary@paradiseanddistrictlions.ca				
For Administration PurposesPa	id	R	Registration Confir	med

Summer Playground 2022

Medical Information and Authorization

Name of Participant:			
Birthday (dd/mm/yyyy):	Health Card Number:		
Health Issues (including food or drug allergies, does the child Please specify:	l wear a "Medical Alert" bracelet). A	Are there any allergies?	
Does the child take medication on a regular basis?			
Medications Prescribed	Dosage	Time	
Possible Side effects:			
Does the child have any other issues that affect his/her behave describe:	iour or additional information we sh	ould be aware of? Please	
Medication Dispensing Authorization			
As parent/guardian of the above-named child, I authorize the dispens Camp Staff who I acknowledge ore not medically trained. I release the from all manufer of actions, causes of action, suits, losses, damages of dispensing medication herein as a result of such actions or proceeding parent/guardian of said child.	ring of the medication(s) listed below by the Paradise & District Lions Club, its more injuries, however caused, arising out or gs being commenced against them by m	he Paradise & District Lior nembers and Day Camp Sta f the administration or failure syself or the child or any othe	
I am aware that all medications must be given to Program Coordinate	or in their original containers at camp drop	o-off.	
Authorization for Medical Treatment	ATILITY		
In permitting my child to attend Day Camp programming cre undersigned, in the event of an accident or illness affecting the admission/transportation to the hospital & necessary treatments aid camper.	ated by the Paradise and District Lic ne above child, authorize all procedunt hat herein, as deemed essential for the	ons Club, I, the tres, including e care and well-being of	
Such action is to be taken only when immediate contact with authorize the Paradise and District Club's program staff to pe	the undersigned or designated guard erform immediate first-aid on the car	dian cannot be made. I mper if necessary.	
I (please print)	have read and understood the abo	ove policies regarding	
registration/cancellation, late pick-up, photo/release and	authorization. I have taken care to	explain any	
special considerations or medical information for my chil	d, and authorize that all informati	ion provided is	
correct.			
Parent/Guardian Signature:			

Date:	
Additional Individuals Authorized f	for Drop-off and Pick-up:
Name:	Phone:
Name:	Phone:
Name:	Phone:
guaranteed, but may be accepted at the o Occasional Day Registration may be a Payment must be received at time of res	-first served basis; registrations received on the day of the camp are not discretion of the Program Coordinator accepted at the discretion of the Program Coordinator
Drop Off and Late Pick-Up: Please sign in your children upstairs in the Programming starts at 9:00 a.m. and fin Children may be dropped off no earlier	the Community Centre, 1Green Street St. Clements ishes at 4:00 p.m. than 8 a.m. The Community Centre, 15:00 p.m. at no charge, but children must be
participating in the program and to use this medi	ake photographs and/or video of events in which my children are a for promotional purposes, including print/electronic publications, without being taken, please speak to the Camp Coordinator.
Running shoes are mandatory.	

It is the intention of staff to provide a fun and safe program environment for your child. Summer program staff have been trained in a variety of behaviour management techniques to encourage positive behaviour and self-discipline.

The rules of program participation will be clearly outlined to participants as follows:

- 1. Keep your hands and feet to yourself
- 2. Speak nicely to each other
- 3. Touch only what belongs to you
- 4. Stay within the activity area
- 5. Listen to your leaders
- 6. Respect all staff members, other campers, and the camp equipment and property
- 7. Always stay with your group and your group counsellor
- 8. No foul language, fighting or aggressive behavior

Any child who does not abide by the program rules could have a 'time out' from a particular camp activity. A participant may also be dismissed from camp at any time if their behaviour is severe or flagrant and the child's parents/guardian will be notified and requested to pick up their child

* Parent/Guardian Signature:	Date:	
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*Please submit registration to:
Paradise & District Lions Club Summer Activities Camp
P.O Box 591, St. Clements, ON N0B 2M0
Or Exotic Wings & Things 3561 Lobsinger Road

Please Do Not drop of Registrations at the Community Centre

For Information/Inquires contact secretary@paradiseanddistrictlions.ca

