



Children's Discovery Museum on the Saskatchewan 2017 DISCOVERY DAY CAMP

REGISTRATION FORM

***Form must be completed in full for registration, please fill out a separate form for each child registering*

DAY CAMP DATE SELECTION

**All camps run from 9:00am – 4:00pm, children may be dropped off no earlier than 8:45am and picked up no later than 4:15pm.*

Tuesday, July 11, 2017 – Games Galore

- Come try some different games that are played around the world. Play games you love and make your very own game to take home. We will play all sorts of games! Quiet indoor board and card games, as well as outdoor games with balls and parachute!

Tuesday, July 18, 2017 – Amazing Art

- Come and explore different kinds of visual art. You will make water colour paintings, acrylic abstracts, clay sculptures and more! Let your imagination soar!

Tuesday, July 25, 2017 – Eco-Kids

- Come and explore nature inside and outside the museum. What a beautiful world we live in! What does nature give us? How do we protect it? Campers will get their hands dirty discovering and exploring environmental friendly projects.

Tuesday, August 1, 2017 – Ka-BOOM

-Science is always a surprise! Campers will do various hands-on experiments that are messy and fun! Learn how to make a rocket and create their own volcanos. Enjoy the fun and fizzy experiments!

FEES

The fees for each day camp is \$30.00 per child.

Registration is on a first come first serve basis. Spaces will not be reserved until payment has been received. Fees are payable by cash or cheque only. Payment and consent forms can be mailed to the Children's Discovery Museum on the Saskatchewan or dropped off in person.

Children's Discovery Museum on the Saskatchewan

*116-2325 Preston Ave South
Saskatoon, SK S7J 2G2*

Total Fees Enclosed: \$ _____

CAMPER INFORMATION

First Name: _____ Last Name: _____

Birth date: _____ Age: _____ Gender: _____

Mailing address (including postal code): _____

Parent / Guardian Name(s): _____

Contact Phone Number: _____

Email Address: _____

List of adults who are permitted to pick up child: _____

MEDICAL INFORMATION

Provincial Health Card Number: _____

Please describe any allergies or medical conditions in detail as well as any medications:

Emergency contact: _____ Relationship to camper: _____

Telephone numbers: home: _____ work: _____ cell: _____

**Please ensure that any medications that are required throughout the day are supplied. The Children's Discovery Museum will have staff / volunteers on hand who have First Aid and CPR/AED Training.

CANCELLATION POLICY:

A full refund on camp fees will be issued upon cancellation that is provided a minimum of five (5) business days in advance of the camp date. Cancellations that come in less than five (5) business days before the camp date will not be eligible for a refund.

WAIVER

I, undersigned parent/guardian of _____ do hereby consent to his/her participation in the Children's Discovery Museum on the Saskatchewan Inc. 2017 Discovery Day Camp and activities. To the best of my knowledge the above personal and medical information is correct. I understand that the Children's Discovery Museum on the Saskatchewan Inc. will not be responsible for any accident, injury or loss however caused and I agree to release same from all claims or damages of any nature or kind which may arise as a result or by any reason of such accident or loss. The coordinator reserves the right to refuse the camper from any further activity in the program if the coordinator feels that camper is not acting in a reasonable manner. The Children's Discovery Museum on the Saskatchewan Inc. 2017 Discovery Day Camp is not responsible for any children in the camp who are not picked up/dropped off within the specified time frame.

Name of parent/guardian (print): _____

Signature of parent/guardian: _____

Date: _____

MEDIA RELEASE

I agree to allow the Children's Discovery Museum on the Saskatchewan Inc. to take and reproduce photos or videos of my child for promotional purposes including printed or online brochures, posters, and audio-visual presentations. No names or personal information will be used.

Yes

No

Name of camper: _____

Name of parent/guardian (print): _____

Signature of parent/guardian: _____

Date: _____

FOR ADMINISTRATIVE USE ONLY			
Date Received:			
Payment Received:	Cash:	Cheque #:	
Receipt Issued:		Confirmation Email:	