



**ICAC PD Day/March Break Camp  
Registration Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Parent's Name(s) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work No. \_\_\_\_\_ Work No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

In the case the parent(s) caregiver cannot be reached, we should contact:

Name	Relationship	Number

Please list ALL people authorized to sign your child in and out of day camp.

Name	Phone Number

Registration Dates (Select required dates)

Date	Cost	Register Yes or No?
Friday, January 14, 2022	\$40.00	
Friday, March 4, 2022	\$40.00	
March Break Camp - March 14-18, 2022	\$200.00	
Friday, June 3, 2022	\$40.00	
Total Cost	\$	

**Sunscreen Permission:**

It is recommended that children arrive at day camp (when applicable) with sunscreen on and have sunscreen labeled with your child's name in their backpacks for additional application. If your child does not have any sunscreen available, does the centre have the authorization to make some available to them? Yes: \_\_\_\_ or No: \_\_\_\_

**Photo Permission:**

I give ICAC permission to take photos/videos of my child for social media and promotional



purposes. Please be advised that children will not be named or tagged in photos/videos.  
Yes: \_\_\_\_\_ or No: \_\_\_\_\_

**Medical Forms**

Medical: Please list any medical conditions we should be made aware of (ie. usage of an Epi-pen\*, allergies, ADHD, ADD, physical disabilities, emotional problems, learning disabilities or anything special we should know about your child. If your child has an allergy, please list signs, symptoms, and treatment:

---

---

---

---

Will your child require medication during Summer camp? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If Yes, My child can take their medication as described below \_\_\_\_\_ Or I give permission for the ICAC Camp Staff to administer their medication as described below \_\_\_\_\_

Medication	Expiry	Dose	Time	Signature

Medication (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child’s name on it. The medication administration chart above must match the prescription label.

**Waiver** (Please read carefully):

I permit my child to participate in all activities offered in the program. In the event of an accident or illness affecting my child, I consent to having the Ingersoll Creative Arts Centre Staff authorize any necessary procedures, including admission to hospital, as may deem essential for the care and wellbeing of the participant. Such action is to be taken only when immediate contact with the parent/guardian or emergency contact cannot be made. If my child presents any symptoms of COVID 19, we will be following Public Health Guidelines by isolating the child, ensuring they are masked, notifying Public Health and insisting on a COVID 19 test. If the test comes back negative my child must wait 24 hours to return, if positive my child will not be able to participate for 14 days, all attendees will be notified and told to isolate and Public Health will be notified. If a child is sick, or has symptoms that are aligned with COVID 19 and asked to leave, I understand that I will not receive a refund for the remainder of the Program. Although I



am aware that the ICAC takes all necessary precautions to ensure the health and safety of my child/children. I agree not to hold the organization or agents responsible for any loss, injury, or accident suffered in connection with activities. Therefore, I understand all the risks involved in my child's participation in the ICAC Summer Program and accept full liability. The ICAC takes great care in providing a safe environment for the children. I and my child recognize that the rules of the ICAC must be obeyed in order to maintain a safe environment for fellow students and staff. I and my child recognize that any behaviour that may cause harm to my child, or others, may result in immediate dismissal. In a situation where my child/children are not acting within the established code of behaviour of the organization, I understand that I will not receive any refund for the remainder of the program. This includes the child following and adhering to the new guidelines put in place by the organisation to ensure the safety of all participants, visitors and staff. Special needs must be addressed ahead of time to ensure we have qualified staff on hand. If there is a support worker assigned, we welcome the worker to attend with the child. All children registered in the ICAC Summer Program must be able to use the washroom by themselves. If children need assistance in this area, they are required to have a parent/guardian or support worker with them.

I have read, understand, and accept the Ingersoll Creative Arts Summer Program's policies as described in this waiver and I have read and understand all information in the provided info packet.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_