



Registration Information

Child's Name:

Age:

Birthday:

Address:

Parent/Guardian #1:

Cell Phone:

Email Address:

Parent/Guardian #2:

Cell Phone:

Email Address:

In the case that the parents/guardians cannot be reached, we should contact:

Name:

Relationship:

Cell Phone:

Please list ALL people authorized to sign your child in and out of day camp. If any changes occur please let staff know.

What day(s)/week(s) of camp are you booking for?

Are you registering siblings?

☐ Yes ☐ No

If yes, who are the child's siblings?



Medical Information

Please list any medical conditions we should be made aware of (ie. usage of an Epi-pen, allergies, any disabilities or exceptionalities) we should know about your child so we can give them the best care possible.

If your child has an allergy, please list signs, symptoms, and treatment:

Will your child be required to take any medication while in our program?

☐ Yes ☐ No

If yes please describe:

PLEASE NOTE: The camp staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it according to written instructions.

Food & Snacks: Sun School will have additional snacks available for campers during special events or if extra nourishment is needed throughout the day. These may include items like fruit, vegetables, granola bars, crackers, popcorn, and other simple, child-friendly options.

We take allergies and dietary restrictions very seriously. Your child will never be offered a snack that could negatively affect their health or well-being.

Does your child have permission to receive these additional snacks if needed?

☐ Yes ☐ No

Sun Sense & Bug Safety

We recommend that children arrive at camp each day with sunscreen already applied. Please also pack a **labeled** bottle of sunscreen in your child's backpack for reapplication throughout the day. We kindly ask that you show your child how to apply sunscreen independently.

If your child does not have sunscreen available, may Sun School provide some for them if needed?

☐ Yes ☐ No

Does your child have a sunscreen allergy?

☐ Yes ☐ No

We also encourage families to send **labeled** bug spray with their children to help protect against insect bites.

If your child does not have bug spray available, may Sun School provide some for them if needed?

☐ Yes ☐ No



Does your child have a bug spray allergy?

☐ Yes ☐ No

Ticks: A tick-check should be conducted each evening after camp. If a tick is observed, it should be removed using needle-point tweezers or a tick key. If a tick is observed on your child while they are at camp, a staff person will remove it and place it in a labeled plastic bag - this will be given to the camper's parent/guardian at pick-up time. Ticks that are found on a child should be taken to Peterborough Public Health for species ID and Lyme's Disease testing.

Upon signing this form, permission is given to Sun School Camp or its representatives to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent/guardian.

Signature of Parent/Guardian:

Date:

The information collected is used for the purpose of program registration only.



Parent/Guardian Consent Form






Name of Participant:

Address:

Phone:

Release and Indemnity:

In consideration of my child's participation in activities with Sun School Camp, I recognize and acknowledge that there are inherent risks and hazards involved in regular program activities. The following is a non-exclusive list of possible risks that could be encountered while participating in program activities:

-  Trip and fall
-  Minor cuts and or abrasions
-  Sprains, strains, or broken bones resulting from physical play or outdoor exploration
-  Insect bites, tick exposure, bee stings, or contact with poison ivy
-  Playing in splash pads or around water

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my dependent(s) or myself (including, but not limited to, personal injury, disability, and death), illness damage, loss, claim, liability, or expense, of any kind, that I or my dependent(s) may experience or incur in connection with our attendance at a Sun School Camp event/activity. On my behalf, and on behalf of my dependents, I hereby release, covenant not to sue, discharge, and hold harmless Sun School association, its directors, employees, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I confirm that I have read and understood this release agreement prior to signing it, and that I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against Sun School and its agents.

I, the Participant's Parent/Guardian, hereby grant my child/ward _____ permission to participate in the Sun School Camp Program.

Participant's parent/guardian signature:

Printed name:

Date:



Photo Release

PERMISSION FORM FOR PHOTOGRAPHS OF CHILDREN 17 YEARS AND UNDER:

I give permission to Sun School and those acting under its authority, the right and permission to reproduce, publish, print, copyright or otherwise use my and/or my underage child/children's photographic reproductions.

I hereby give Sun School permission to my child's photograph, video recording, audio recording, and/or likeness (collectively referred to as "Their Image") as they deem fit and appropriate to Sun School purposes.

I am aware and agree that Their Image may be used in all forms including, but not limited to, media for broadcast or in printed publications, on Sun School's website, in public displays, or in Sun School publications.

I am aware that Sun School may share Their Image with program partners and funders for their limited use, as it relates to a program or event.

I waive any right to inspect or approve any publication of Their Image by Sun School. I understand that Sun School cannot control unauthorized use of Their Image by persons not associated with Sun School once Their Image has been published.

I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Participants parent/guardian signature:

Child's name:

Date:



Cancellation Policy

All camps must be paid for in full at time of registration. All cancellations must be made in writing. A full refund will be provided until one week before the start of the week of camp. A partial refund will be provided if cancelling within a week prior to camp beginning. No refund, reduction of fees, or credit will be granted for late arrival, early departure, withdrawal, or dismissal. If a camper is unable to attend due to medical reasons, a full refund will be granted.

Participants parent/guardian signature:

Date:

Please complete all forms and return to sunschoolworkshops@gmail.com