



March Break Camp Grades 1 - 8
March 13th - 17th 2023
9:00am to 4:00pm

Participant Information

Child's Name: _____	Age: _____	Grade: _____
Birthdate (MM/DD/YY): _____	Health Card # _____	
Home Address: _____	City: _____	
Postal Code: _____	Home Phone #: _____	
Family Doctor: _____	Doctor's Phone #: _____	

Medical Information

Please be advised that Simcoe Hall staff and/or volunteers are not permitted to store, handle or administer prescribed or "off the shelf" medications. Do not send medication of any kind to Simcoe Hall with your child.

Please provide any additional information that will help us provide your child with the best care possible (known allergies, learning disabilities, etc.)

If your child needs an EPI Pen or puffer please make sure they have it with them at all times.

Does your child know how to swim? YES NO

Parent/Guardian Information

Name: _____	Relation to Child: _____
Phone: _____	Email: _____

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

YES NO (If yes, we will contact you for additional information.)



Secondary Emergency Contact

Name: _____ **Relation to Child:** _____
Phone: _____ **Email:** _____

Fees and Payment

Cost

After-School Members: \$100.00
Non-Members: \$110.00

Late Fees

Late pick-ups will result in a **\$1.00 a minute up to \$15.00. Late fees must be paid upon arrival.** If the late fee is not paid within the first 24 hours, then an additional \$5.00 will be added until the fee is paid

Please make payments to:
E-transfer: etransfersh@gmail.com
Password: marchbreak

***If paying by e-transfer please include a memo stating that the fees are for March Break Camp as well as your child's name.**

OFFICE USE ONLY

Amount Paid: _____ **Date:** _____ **Method:** _____ **Authorization:** _____



Consent to Hold Harmless Agreement

"I _____ give consent for my child _____ to participate in the March Break Camp at Simcoe Hall Settlement House."

"I further agree to indemnify and hold harmless Simcoe Hall Settlement House, its agents, employees or volunteers of all liabilities for loss or damage arising from any cause whatsoever and hereby release, waive and discharge Simcoe Hall Settlement House from all liability to my heirs, executors, administrators and assigns for all loss or damage any claim's or demands for such loss or damage on account of injuries to person or property while participating in and or being transported to and from program activities."

Consent to Medical Treatment

"I hereby give permission to Simcoe Hall Settlement House to provide or arrange for such first aid or other medical treatment or care of child included in this registration, including but not limited to transportation to hospital, as such staff may consider necessary or advisable. I understand that all costs related to such actions shall be my responsibility and I agree to pay and/or reimburse Simcoe Hall Settlement House for any such cost as may be incurred."

"I accept full responsibility for ensuring that participants named in this registration application are physically and medically fit to participate in the program activities for which they are registered throughout the duration for such programs."

Parent/Guardian Signature: _____ **Date:** _____

Permission to Walk Home

Participants 12 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. Simcoe Hall will only release participants 12 or older from the program with your approval below.

I, _____ give permission for my child, _____ to walk home from Simcoe Hall's March Break Camp.

Community Walks

On occasion, the children and staff may take a walk to a neighborhood park. These walking trips are not always planned; by signing this permission slip you are granting Simcoe Hall permission to take your child on a walk.

Please check one:

- I give my child permission to participate in community walks
- I do **NOT** give my child permission to participate in community walks

Food Consent

- I give permission for Simcoe Hall staff to give my child food or drink as part of the camp program.

Permission to be photographed and/or videotaped

I, _____, give consent to Simcoe Hall Settlement House ("Simcoe Hall") to use digital images and/or recordings of my child, obtained as follows:

I give permission for Simcoe Hall Settlement House to use the digital images and/or recordings as stated above now, or in the future for the purposes of: **sharing via social media outlets (including Facebook, Instagram, Twitter, LinkedIn,) media advertising, public displays, public presentations, events, brochures, or other publications, newsletters, and Simcoe Hall's websites.**

YES NO

Further, I authorize the use of my first and last name and my child's first and last name with the digital image(s) and/or recording(s).

YES NO

-

Parent/Guardian Signature: _____

Date: _____