

**TOWN OF POUCH COVE**

660 Main Road
PO Box 59
Pouch Cove, NL
A0A 3L0

(709) 335-2848 (ph)
(709) 335-2840 (fa)
info@pouchcove.ca
www.pouchcove.ca

SUMMER CAMP MEDICAL INFORMATION, WAIVERS, AND AGREEMENT

PARTICIPANT INFORMATION

FIRST NAME: _____ GENDER: _____
LAST NAME: _____ DOB: _____
MONTH DAY YEAR

MEDICAL INFORMATION

MCP NUMBER: _____
ALLERGIES: _____

DOES YOUR CHILD CARRY AN EPI-PEN? ☐ YES ☐ NO

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, REQUIREMENTS, OR DISORDERS THAT WOULD INHIBIT THEM FROM PARTICIPATING IN ANY PROGRAM ACTIVITIES? ☐ YES ☐ NO

IF YES, PLEASE LIST/EXPLAIN:

OTHER THAN AN EPI-PEN, WILL YOUR CHILD BE TAKING MEDICATION DURING THE DURATION OF THE PROGRAM? IF YES, PLEASE COMPLETE A MEDICAL CONSENT FORM PRIOR TO THE FIRST DAY.

EMERGENCY CONTACT INFORMATION

FIRST NAME _____ HOME PHONE: _____
LAST NAME _____ CELL PHONE: _____
RELATION TO PARTICIPANT _____

CONSENT

I AGREE AND UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY, THE TOWN OF POUCH COVE STAFF WILL TAKE APPROPRIATE ACTION.

☐ YES ☐ NO



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I GIVE PERMISSION TO USE PHOTOGRAPHS, OF THE ABOVE PARTICIPANT, IN ANY PROMOTIONAL MATERIALS (I.E. PRINT, WEBSITE, TELEVISION). I FULLY UNDERSTAND THAT THERE WILL BE NO COMPENSATION PAID TO THE PARTICIPANT, OR PARENT/GUARDIAN OF THE PARTICIPANT, IN EXCHANGE FOR USE OF THE PHOTOGRAPH. AS WELL, THE TOWN OF POUCH COVE HAS PERMISSION TO CHANGE THE IMAGE (I.E. BY CROPPING OR DIGITAL MANIPULATION).

☐ YES ☐ NO

I HEREBY CONFIRM THAT I HAVE FULLY REGISTERED MY CHILD FOR SUMMER CAMP PROGRAMMING, I UNDERSTAND THE RULES AND DETAILS OF SUMMER CAMP AND ATTEST THAT THE INFORMATION SUPPLIED IS CORRECT.

PRINT NAME

DATE

SIGNATURE

REFUND POLICY

REFUND POLICY

A REFUND WILL ONLY BE GIVEN WITH WRITTEN MEDICAL DOCUMENTATION THAT STATES THE PARTICIPANT IS NO LONGER ABLE TO BE PART IN THE PROGRAM. REFUNDS WILL NOT BE GIVEN DUE TO MISSED PROGRAM DAYS OR HOLIDAYS. THE TOWN OF POUCH COVE RESERVES THE RIGHT TO REFUSE A REFUND DUE TO REMOVAL BECAUSE OF BEHAVIORAL CONCERNS. I ACKNOWLEDGE THAT MY CHILD WILL BE ATTENDING THE PROGRAM ON THE DAYS REGISTERED. I HAVE READ AND UNDERSTAND THE REFUND POLICY FOR THE TOWN OF POUCH COVE SUMMER CAMP PROGRAM. IF YOUR CHILD WILL BE LEAVING THE PROGRAM, TWO WEEKS NOTICE IS REQUIRED.

I HEREBY SUBMIT THIS PAYMENT AGREEMENT FORM AND CONFIRM THAT THE INFORMATION SUPPLIED IS CORRECT.

PRINT NAME _____ DATE _____

SIGNATURE _____