Registration Form

2019 - hop! skip! jump! Day Camps

Please take the time to complete the form carefully. This information is personal and confidential, with the exception of certain situations, will only be used by staff at hop! skip! jump! to ensure that proper care and attention is given to the health and safety of the camper.

Program Registration

Week: 2019 - hop! skip! jump! Day Camps	
Select Weeks of Registration: ☐ Week 1: July 8 – July 12 ☐ Week 2: July 15 – July 19 ☐ Week 3: July 22 – July 26 ☐ Week 4: July 29 – August 2 ☐ Week 5: August 12 – August 16 ☐ Week 6: August 19 – August 23 ☐ Week 7: August 26 – August 30	Location of Program: hop! skip! jump! Indoor Play Space - Moncton Branch 117 Trinity Drive, Moncton E1G 5J2

Camper Information (Print in all Capitals)

Camper Last Name	Initial	Camper First Name
Home Telephone:	Gender: Male: ___ Female: ___	School/Grade (where applicable):
Address: Street City Postal Code		Birth Date: MMM/DD/YYYY

Parent(s)/Guardian(s)/Agency Information

Parent 1 Last Name:	Parent 1 First Name:	Parent 2 Last Name:	Parent 2 First Name:	Emergency Contact Last Name:	Emergency Contact First Name:
Relationship to Participant:		Relationship to Participant:		Relationship to Participant:	
Home Phone:		Home Phone:		Home Phone:	
Work Phone:		Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:		Cell Phone:	

Health/Special Needs Information

1. Is the participant taking any medication (oral, injection, prescription, non-prescription or inhaler)?
   Yes: ____ No: ____ If yes, please complete the Medication Form.
2. Does the participant have any life-threatening allergies?
   Yes: ____ No: ____ If yes, please specify:
   _____
3. Does the participant have any medical or environmental disease or condition for which they are receiving on-going medical treatment by a physician?
   Yes: ____ No: ____ If yes, please specify:
   _____

Updated: March 20, 2019

4. Client Alert Information
Does the participant have a medical condition or disability (physical, mental or developmental) that may affect their participation or integration into the program?
Yes: ____ No: ____
5. If YES, it is necessary for you to contact the Space Manager at 506-859-4405 to discuss program the and support requirements prior to submitting your registration.

Please complete only if you answered "YES" to question #4 in the section titled Health/Special Needs Information.

1. Does the participant require assistance with any of the following; if yes please explain:
    a. Toileting: _____
    b. Eating: _____
    c. Dressing: _____
    d. Transferring in/out of the wheelchair: _____
    e. Walking: _____
    f. Communicating: _____
    g. Remaining focused and on task: _____
    h. Behavior Management (such as but not limited to social interaction, conduct, demeanour, coping mechanisms):
    _____
    i. Other: _____
2. The participant's favorite activities / things are: _____
3. The participant's dislikes/fears: _____
4. What support does the participant receive at school / home? _____
5. What other agencies or service provider support does the participant and/or family receive?
    _____
6. Can you provide any additional information that would assist us in assisting the participant?
    _____
    _____

Permission Granted

1. Will the participant: be picked up? **Or** leave on their own? At what time can they leave on their own? _____

*Note: Children under 7 years of age will not be permitted to leave without a parent or guardian who is of 14 years of age or older.

2. List who is allowed to pick up the participant. (*The person picking up the participant may be asked to show picture I.D.)*

a) _____
b) _____
c) _____

If there are any access or custody restrictions, please attach any legal documentation.

3. May we have permission to take the participant's photograph or video which may be used on the hop! skip! jump!'s public website, in print, electronic media and/or community newspapers for the promotion of programs and services?

☐ **Yes** ☐ **No**

4. Sun Screen: It is a hop! skip! jump! policy to allow staff to assist participants with the application of sun screen provided the following has been completed.

I _____, give permission for the staff of the hop! skip! jump! staff to assist in the application of sun screen to _____.

I understand that adequate sun screen coverage will be my full responsibility, and not of the staff. I also understand that I must provide a clearly labelled bottle of approved sun screen. We recommend that sun screen be waterproof, provide UVA/UVB protection and have a SPF of at least 25 and that it contains **no peanut products**.

5. I have read and understood all the information contained in the parent handbook. I know that if I wish to review this handbook at anytime a copy can be obtained either at the front desk or online at hopskipjump.ca.

Parent Signature: _____

Date: _____

OUT TRIPS PERMISSION FORM

PART A. PARTICIPANT INFORMATION — TO BE COMPLETED BY PARTICIPANT'S PARENT/LEGAL GUARDIAN

Participant's Name:	**Participant's Date of Birth** _____ / ____ / _____ **MMM DD YYYY**

PART B. DAY TRIP / EXCURSION INFORMATION — TO BE COMPLETED BY PROGRAM STAFF

Destination Site: Parc Canadian Heights Park; 35 Chelsea Rd, Moncton, NB E1G 1H8

Departure Time: Varies Daily between the hours of 9:00am and 3:00pm

Return Time: Varies Daily Between the hours of 10:30am and 4:15pm

Method of Transportation: Walking

PART C. ASSUMPTION OF RISK AGREEMENT

I, agree and understand that my child, named on Part A, above, has my permission to participate in the program/activity or series of programs/activities as indicated in Part B.

By signing this agreement, I hereby acknowledge the risks associated or related to out-trip outlined above. I, as the Parent or Legal Guardian of the child, fully understand that it is a release of all liability and waive any right that I may have on behalf of myself and/or my child to bring legal action or assert a claim for death, injury or loss of any kind against hop! skip! jump! Indoor Play Space – Moncton Branch.

_____	_____	_____
Parent/Legal Guardian - Print your Name	Parent / Legal Guardian - Signature	Date

Medication Form Agreement

2019 - hop! skip! jump! Day Camps

TO BE COMPLETED BY THE PARTICIPANT OR PARENT/LEGAL GUARDIAN OF THE PARTICIPANT

Participant's Name (First & last): Parent/Guardian signature: _____	Participant's Date of Birth _____ / _____ / _____ MMM DD YYYY	Participant address: Street Address: City: Postal:	Participant Emergency Contact: Emergency Number:

Name of Medication as it Appears on the Label	P = Prescription NP = Non-Prescription	Medication Expiry Date	Treatment end date	Possible Side Effects (if any)	Administration Schedule (time to be given)	Dosage & Route	Storage Instructions
Please indicate special instructions for taking medication (i.e. with meals, drink plenty of water).							

Medication Terms and Conditions

PLEASE READ CAREFULLY

1. I agree to provide hop! skip! jump! staff with:
    a. **In the case of Non-prescription Medication**
        i. All medications must be provided by the parent or guardian in the original container with the original label. They must have child proof-capping and be identified with the dosage and the name of the child for whom the medication is intended.
    b. **In the case of Prescription medication**
        i. Prescription medications must have (in addition to the above) the name of the physician or doctor; instructions; and the time period of use.
    c. **Photograph – in the case of epinephrine auto-injectors**
        i. **ONE photograph** that will be affixed to the Medication Administration Request Form.
    d. **Two** Epipen®, two Allerject® or two TwinJect® brand auto-injectors of epinephrine if my child suffers from life threatening allergies. The Epipen®/TwinJect®/Allerject® must be prescribed by a physician and labelled with the pharmacist label. I understand that I am responsible for regularly checking my child's Epipen®/TwinJect®/Allerject® for expiration and discoloration.
    e. I understand that in the case of the TwinJect auto injector, hop! skip! jump! staff will not administer the second dose but will use the second TwinJect provided or an Epipen.
2. hop! skip! jump! will refuse participation in the registered program if the above Terms and Conditions have not been followed.
3. hop! skip! jump! will refuse to care for a camper that requires the use of emergency medication (i.e. Nitroglycerin, inhaler, Epipen) and comes to the program without their medication.
4. I agree that hop! skip! jump! staff may refuse to administer, supervise children taking their own medication, or store medication where the labels on the medication container(s) do not contain all the information specified above.
5. I understand that not all hop! skip! jump! staff are trained health professionals and that the administration of medication is being provided by or, on behalf of hop! skip! jump! on a purely voluntary and gratuitous basis. As the Participant or Parent/Legal guardian of the Participant/Client receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

I confirm that I have read, understood and completed the medical terms and conditions and the registration form. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having hop! skip! jump! administer medication under form this to the named camper.

I authorize hop! skip! jump! staff to (please circle those that apply)**:**

6. Supervise the named participant in the administration of his/her own medication.
7. Administer medication to the named participant.
8. Share personal and confidential information in the case of an emergency responder.

_____

Name of Parent/Guardian

_____

Signature of Parent/Guardian

Date: _____ /_____ / _____

MMM DD **YYYY**

Updated: March 20, 2019

Climbing Challenges Waiver

RISK ACKNOWLEDGEMENT

I, the undersigned, acknowledge and understand that the rules and instructions given by *hop! skip! jump! Indoor Play Space Climbing Challenges* personnel are import to insure the safety of all participants, and therefore must be complied with.

Given the facts, I hereby acknowledge the risks associated or related to indoor climbing challenges offered by *hop! skip! jump! Indoor Play Space* and the use of the installations, including but not limited to the following:

1. *Injuries resulting from the fall of persons who may come into contact with me/my child or from falls in which I/my child may come into contact with other persons/objects.*
2. *Injuries resulting from myself/my child falling into but not being limited to other persons, walls, structures, ropes, or the ground.*
3. *Injuries that occur resulting from negligence or lack of adequate training.*
4. *Injuries causing death resulting from the failure or negligent misuse of the facility, climbing challenges, or any equipment of hop! skip! jump! Indoor Play Space Climbing Challenges facilities.*
5. *Injuries or death resulting from the failure of equipment, or poor judgement of any equipment, including but not being limited to ropes, carabiners, belay mates, quick draws, bolt hangers, and any and all anchors.*

MEDICAL DECLARATION

I confirm that I am/my child is physically and mentally able to participate in activities at *hop! skip! jump! Indoor Play Space Climbing Challenges. If my/my child's physical or mental state changes after signing this waiver in a matter that incapacitates me/my child, I/my child will immediately cease these activities.*
Individuals with the following conditions should not engage or participate in climbing activities:
Persons with back problems, heart failure, epilepsy, and pregnant women. If you or your child have any questions or concerns, please discuss them with the climbing personal.

I/my child agree to follow all instructions, rules, policies, and procedures established for safe participation in activities at *hop! skip! jump! Indoor Play Space Climbing Challenges facilities*. I understand that I, alone responsible for the safety of my/my child's person and property.

I declare that I/my child have no mental or physical challenges that might compromise or affect my/my child's ability to participate in activities at the *hop! skip! jump! Indoor Play Space Climbing Challenges*.

I understand that *hop! skip! jump! Indoor Play Space Climbing Challenges* personnel is available to provide training, help, and answer questions about the physical demands of the activities and the risks, hazards and dangers associated with these activities.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD TO BRING LEGAL ACTION OR ASSERT A CLAIM FOR DEATH, INJURY OR LOSS OF ANY KIND AGAINST *hop! skip! jump! Indoor Play Space.*

If signing on behalf of a minor (younger than 16 years of age), I certify that I am the parent or legal guardian of the minor(s) listed on this Agreement, and acknowledge that I assume all obligations under this Agreement

Parent/guardian Name: _____ Parent/guardian Signature: _____
Phone Number: _____ Email: _____

Child name: _____ Age: _____

Date: _____

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