

Registration Form

hop! skip! jump! 2025 Summer Camps

Please take the time to complete this form carefully and in its entirety. 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 child.

Program Registration

Weeks: 2025 - hop! skip! jump! Summer Camps	
Select Week(s) of Registration: <ul style="list-style-type: none"> Week 1 – June 23- June 27 Week 2 – July 7- July 11 Week 3 – July 14 – July 18 Week 4 – July 21– July 25 Week 5 – July 28 – August 1 Week 6 – August 11 – August 15 Week 7 – August 18 – August 22 Week 8 – August 25 – August 29 <p>There is no camp the week of July 1st or August 4th due to Holidays.</p>	Location of Program: hop! skip! jump! Indoor Play Space - Moncton Branch 117 Trinity Drive, Moncton E1G 5J2

Child Information (Print in all Capitals)

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

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 (if parents can't be reached):	Emergency Contact First Name (If parents can't be reached):
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:	
Parents Email Address:					

Health/Special Needs Information

<ul style="list-style-type: none">• Is the participant taking any medication (oral, injection, prescription, non-prescription or inhaler)? Yes: _____ No: _____ If yes, please complete the Medication Form.
<ul style="list-style-type: none">• Does the participant have any life-threatening allergies? Yes: _____ No: _____ If yes, please specify: _____
<ul style="list-style-type: none">• 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: _____
<p>4. Client Alert Information</p> <p>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: _____</p> <ul style="list-style-type: none">• If YES, it is necessary for you to contact the Space Manager at 506-859-4405 to discuss the program and support requirements prior to submitting your registration.

- Does the participant require assistance with any of the following; if yes please explain:
 - Toileting:

 - Eating:

 - Dressing:

 - Transferring in/out of the wheelchair:

 - Walking:

 - Communicating:

 - Remaining focused and on task:

 - Behavior Management (such as but not limited to social interaction, conduct, demeanor, coping mechanisms):

 - Other:

- The participant's favorite activities / things are:

- The participant's dislikes/fears:

- What support does the participant receive at school / home?

- What other agencies or service provider support do the participant and/or family receive?

- Can you provide any additional information that would assist us in assisting the participant?

Permission Granted

1. Children must be picked up by a parent or guardian. List who is allowed to pick up the participant. *(The person picking up the participant may be asked to show picture I.D. even if they have picked-up or dropped off previously). Parents are asked to notify the Camp Counselor if there is to be an alternate guardian picking up the participant, prior to pick up.*

- a) _____
- b) _____
- c) _____

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

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

Yes No

3. **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 _____, (Parent Name) give permission for the staff of the hop! skip! jump! staff to assist in the application of sun screen to _____. (Childs Full Name)
 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**.

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

Parent Signature: _____

Date: _____

Medication Form Agreement
2025 - hop! skip! jump! Summer 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 ____ / ____ / ____ MM DD YYYY		Participant address: Street Address: City: Postal:		Participant Emergency Contact: _____ Emergency Number: _____ Relation: _____	
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):

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

Name of Parent/ Guardian

Signature of Parent/ Guardian:

_____/_____/_____
Date: MM /DD/ YYYY

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
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Part B. Day Trip / Excursion Information

Destination Site: 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 11:00am and 4:00pm
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: MM/DD/YYYY	

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 important to ensure 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 judgment 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: _____