

# March Break Day Camp 2025 Registration Form



## Camper Information (Children aged 5-12 years old).

Full Name: \_\_\_\_\_ Pronoun (he/she/they): \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Full Home Address: \_\_\_\_\_

## Parent/Guardian and emergency contact information during camp hours:

Name	Relationship	Work #	Cell #	Pick Up Permission (Yes/No)

### Permission Information

My child has permission to walk/bike back and forth to camp from home by themselves:  YES  NO

My child has permission to go on posted walking outings:  YES  NO

Permission for photos including my child for Village program promotion:  YES  NO

### Medical/ Behaviour Information

Does your child have an EA at school?  YES  NO

\*If yes, child will require an EA during camp as well. \*

Please list any medical conditions that the counsellors should be aware of (allergies, medications etc.):

---



---

Please list any behaviour information, extra support child may need to have the best camp experience:

(Behaviour and personality traits, disciplinary actions etc.)

---



---

# March Break Day Camp 2025 Registration Form



**Camp hours are 8:30am to 3:30pm. Drop off no earlier or later than times listed.**

Cash, cheque, or debit payments only. (Cheques made out to the Village of Kingston).

Village of Kingston – 655 Main Street Kingston, NS B0P 1R0

<b>Full Week</b>	<b>\$125</b>	
------------------	--------------	--

Office use:

Amount paid	Invoice #	Payment method

**Waiver and Releases. Please read the following carefully.**

I, the parents/guardian of (child's name) \_\_\_\_\_, hereby give consent for him/her/they to participate in the Village of Kingston's March Break Day Camp Program, and further agree to abide by the rules, regulations, and decisions of the Day Camp staff. I do hereby waive, release, indemnify and agree to hold harmless the Village of Kingston and its members, staff, volunteers from any claim whatsoever arising from my child's participation in the Kingston March Break Day Camp Program. In giving this waiver, I understand that there is a risk of injury in my child participating in Day Camp Program, and that the Day Camp does not provide one-on-one supervision of the activities.

\_\_\_\_\_  
Parent/Guardian name (print)

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Date

**\*\*\* You will be sent the Guardians Guide by e-mail closer to camp start date.  
Please read in full. \*\*\***