

MishMash July Summer Care Program



What is needed to complete registration Process:

- Completed registration form
- Paying by E Transfer \$840.00
- Paying fees by Chq payable to MishMash \$840.00

Start Date: July 6th to July 29th , from 9:00 am until 4:00 pm

NAME OF CHILD: _____
(Surname) (Given Name) (Also Known As)

Mailing Address: _____ Town: _____ Prov: _____ Postal Code: _____

Home Address: _____ Email Address: _____

Contact Number: _____ Other Number: _____

Sex: F M Birthday Date(MM/DD/YEAR): _____

PARENT(S)/GUARDIAN(S)

(1) Name: _____ Home Number: _____ Cell Number: _____
 Address: _____ E-mail: _____

(2) Name: _____ Home Number: _____ Cell Number: _____
 Address: _____ E-mail: _____

Addition to Parent Guardian (1) and (2) please list person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care:

(3)Name: _____ Relationship to child: _____
 Home phone: _____ Work phone: _____ Cell phone: _____

(4)Name: _____ Relationship to child: _____
 Home phone: _____ Work phone: _____ Cell phone: _____

Does your child have:

Any medical conditions/concern?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Allergies?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Seizure ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Food Sensitivities?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Medicated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Receive Assistance (Speech, OT, Behaviour)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Immunization up to date?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Custody Agreement	YES <input type="checkbox"/> NO <input type="checkbox"/>		

We will be doing a lot of indoors and outdoor activities and I also understand that if my child cannot participate in the camp due to illness, accident or scheduling issues there is no refund or credits on MishMash Summer Camps.

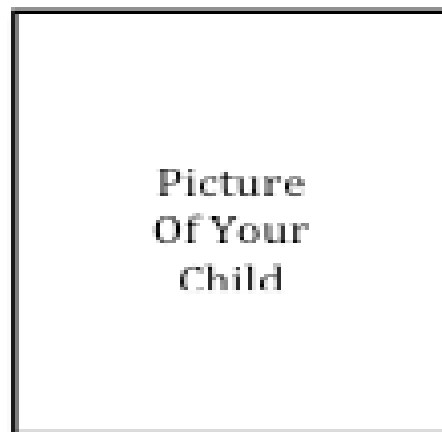
A child will be sent home if ill, unruly behaviors, or is a risk to their safety or others. No refund will be applied or available.

In signing this release, I/we acknowledge that I/we hereby agree and absolve to hold MishMash and it's staff of any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained by our child as a result of participating in this event. Also with signing this form I the parent/guardian give permission for video and photos to be taken of my child and give permission for them to be used for media purposes.

Payment is due at time of registration. Please attach cash, chq or send email transfer with on the memo line childs full name and the word SUMMER (eg. Bob Smith – Summer)

Guardians Signature **Print Name** **Date**

Emergency Consent Card



Facility: MishMash **Phone#:** (604) 848-8133
Address: 40022 Government Road, Squamish, BC V8B 0A9

Child's Full Name: _____
Address: _____
Contact #: _____
Hair Colour: _____
Eye Colour: _____
Height: _____
Weight: _____
Birth date: _____

Guardian Contact:

Guardian 1's Name: _____ Guardian 2's Name: _____
1st Contact #: _____ 1st Contact #: _____
2nd Contact #: _____ 2nd Contact #: _____
Address: _____ Address: _____

Emergency Contact:

Name: _____ 1st Contact #: _____
2nd Contact #: _____ Address: _____
Relation to child: _____

Child's Doctor: _____ Phone Number: _____
Care Card Number: _____ Date Of Last Tetnus Shot: _____
Allergies: _____ Medication: _____
Medical Condition: _____
Child's Dentist: _____ Phone Number: _____

It is policy to notify a guardian when a child becomes ill or needs medical attention. Occasionally parents cannot be contacted and the child requires immediate assistance. It is MishMash procedure to then take the child to the nearest emergency service (If an Ambulance is required, the fee is the parent's responsibility).

Please sign the consent below in order for MishMash staff to take appropriate action on behalf of your child. This consent will be taken on all outings and to the emergency center with the child.

I hereby give consent for my child, _____ when ill or injured to be taken to the nearest emergency centre by MishMash Staff when I cannot be contacted.

I hereby give consent for my child, _____ to receive medical treatment.

Signature of Guardian

Date