

# WONDERCAMP 2024 REGISTRATION

## CAMPER INFORMATION

Camper's Full Name (First and Last) \_\_\_\_\_

Birth date (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 30, 2024) \_\_\_\_\_

### Caregiver Information

Primary caregiver full name \_\_\_\_\_

Street address \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contacts

#### Emergency Contact #1

Full Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

#### Emergency Contact #2

Full Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

### Pick Up/Drop Off Permission

Please list those people including parents/guardians and others who are permitted to pick up your child:

1: Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

2: Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

3: Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Permission to walk home unsupervised** (only available for campers ages 10 and older)

YES \_\_\_\_\_ NO \_\_\_\_\_ YES with older sibling (10 or older) \_\_\_\_\_

**Wondercamp t-shirts are available for purchase this year!** Shirts are cotton and have the "Wondercamp is calling and I must go" logo on the front (same logo as staff shirts). All shirts will be the same colour (to be determined).

*\*All t-shirt orders must be submitted before June 1, 2024.*

## CAMP SELECTION AND T-SHIRT ORDER(S)

Camp Theme	Ages	Time	Dates	Cost*	Payable
Animal Planet	4- 10	9am – 12pm	July 8-12	\$50	
MasterChef Junior	4- 10	9am – 12pm	July 15-19	\$50	
Mad Science	4 - 10	9am – 12pm	July 22-26	\$50	
Holiday Extravaganza	4 - 12	9am – 3pm	July 29-August 2	\$125	
Girls Go Glamping	6 - 12	9am – 3pm	August 6-9	\$125	
MasterChef	6 - 12	9am – 3pm	August 12-16	\$125	
Wondercamp Olympics	6 - 12	9am – 3pm	August 19-23	\$125	
T-shirt (optional): Indicate number of each size: S _____ M _____ L _____ XL _____;				\$25 each	
				<b>Total</b>	

**\*3<sup>rd</sup> child+ are free, please contact for information**

**Note: A fee of \$5 per 15 minutes will be charged for early drop-off (more than 15 minutes before camp start) and late pick-up (more than 15 minutes after camp ends).**

**Before and After Care** Planned before and after care MAY be available on request, depending on staff availability.

Please contact the registrar for more information.

### Payment options:

Cheque \_\_\_\_\_ (make payable to Wondercamp) Cash \_\_\_\_\_ (Receipts issued on request)

**I UNDERSTAND THAT FOR MY CHILD TO BE COMPLETELY REGISTERED, FULL PAYMENT IS REQUIRED AND THAT EARLY AND LATE SUPERVISION FEES WILL APPLY.**

Parent's/Guardian's Initials \_\_\_\_\_



# WONDERCAMP 2024 REGISTRATION

## MEDICAL INFORMATION AND RELEASE FORM

CAMPER'S FULL NAME: \_\_\_\_\_

Please list any medical concerns, including any requiring maintenance medication (Diabetes, Asthma, Seizures):  
\_\_\_\_\_

Should paramedic be called? Yes\_\_ No\_\_

Is your child presently being treated for an injury or illness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, please provide details: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, please provide details: \_\_\_\_\_

Please provide any additional information that would be helpful to staff in caring for your child (i.e. behavioural concerns, limitations, etc.)  
\_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or ill.

Parent/Guardian Initials \_\_\_\_\_

I understand that **Wondercamp** or **Innerkip United Church** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent/Guardian Initials \_\_\_\_\_

## TERMS OF AGREEMENT

### **Photo Release**

I hereby give permission for my child to be photographed during **Wondercamp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Wondercamp and its affiliates.

Parent/Guardian Initials \_\_\_\_\_

### **Transportation Release**

I hereby give permission for the transportation of my child for **Wondercamp** activities by modes of transportation (i.e. school bus charter) agreed to by the camp organizers.

Parent/Guardian Initials \_\_\_\_\_

**Wondercamp**, its paid staff and volunteer members, are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred later than four weeks prior to the start of camp unless a child is unable to participate due to an accident or illness per physician orders. An administration fee of \$10 (half-day camps) and \$25 (full day camps) will apply. Childrens' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

SEND COMPLETED REGISTRATION FORMS TO: **Wondercamp, PO Box 137, 11 Vincent Street, Innerkip, ON N0J 1M0**

(Forms can also be dropped off in the locked mailbox at Innerkip United Church)

Call 519-602-6692 or email [iuwondercamp@gmail.com](mailto:iuwondercamp@gmail.com) for information.