

**Pioneer Day Camp
Child Registration Form
Mennonite Heritage Village**

Camp Dates: July 12-16 (ages 5-7) July 19-23 (ages 8-10)
 August 9-13 (ages 7-11) August 16-20 (ages 11-14)
(Please check box)

Child's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (home): _____ Mobile: _____

Date of birth: _____ Gender: Male Female

Mother/Guardian: _____
(last name) (first name)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (home): _____ Work: _____ Mobile: _____

Email address: _____

Father/Guardian: _____
(last name) (first name)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (home): _____ Work: _____ Mobile: _____

Email address: _____

Health Information: _____

Physician's Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Allergies/Medical Condition: _____

List special needs, if applicable:

Emergency Contact Information:

Name: _____

Street address: _____

Relationship to child: _____

Telephone (daytime): _____ Mobile: _____

Early registration: \$120.00 (before May 31st, 2021)

Cost of registration: \$150.00 (after May 31st, 2021)

Parents/guardians, recognizing that MHV will do its part to provide qualified, well trained staff and a safe environment, agree to assume all risks, and to release, indemnify, and save harmless Mennonite Heritage Village, its employees (on whose behalf this agreement is made) and representatives, from any injury, loss of damage that may occur to the camper or the camper's property.

This form contains Terms of Agreement as an additional sheet, and forms a binding contract once signed.

I/We acknowledge that we have read the terms of agreement and consent to the same and warrant the information set out above is correct.

Date: _____ Signature of parent/guardian:

Photo Consent Form:

We, as parent/guardian grant Mennonite Heritage Village permission to use any photos that may be taken of my child during the program to use for promotional purposes.

Date: _____ Signature of parent/guardian:

****For Office Use Only****

Payment made by:

Cheque

Credit Card

Debit

Cash

Payment accepted by: _____

Date: _____

Confirmation sent by: _____

Date: _____