



PMA KinderKidz & Summer Discovery

Personal Health/Information form for KinderKidz/ Summer Discovery Day Camp Programs

The City of Peterborough undertakes to safeguard any child participating in a program at the Peterborough Museum & Archives. If you require further information, please contact the Education Officer at (705) 743-5180. Completion of this form is mandatory and we request that it be submitted on or before the start date of the program.

Participant's FIRST Name: _____ **LAST Name:** _____

Name(s)/ Date(s) of Camp(s) Attending: _____

Birthdate (d/m/y): _____ Age: _____ Male Female

Parent/Guardian Name(s) _____ & _____

Home Phone Number _____ & _____

Day Time Phone Number _____ & _____

Cell Phone Number _____ & _____

Primary Caregiver's Email Address: _____

Are there special custody arrangements for this participant? YES _____ NO _____

If yes, please describe:

Pick- Up Authorization:

Please list any/all alternative caregivers, other than the parents/guardians listed above, that will be picking your child up from the program. Please note that the children will only be released to individuals you have authorized on this form.

NOTE: We will contact the individuals listed below if we are unable to reach you in an emergency.

Release Permission AND Emergency Contact Information

(1) Name: _____ Relationship to Child: _____ Day Time Ph # _____

(2) Name: _____ Relationship to Child: _____ Day Time Ph # _____

(3) Name: _____ Relationship to Child: _____ Day Time Ph # _____

(4) Name: _____ Relationship to Child: _____ Day Time Ph # _____

Please list all medical conditions, different abilities, special needs, behaviours, and any special instructions for your child:

If your child is susceptible to anaphylactic shock, please obtain a copy of the PMA Anaphylactic Protocol from the Instructor and indicate the location of the child's epipen.

If your child requires 1:1 supervision, please provide the name of the adult that will be attending the program with your child.

Name: _____

Photo Waiver

In the course of all program activities, photos will be taken and audio and/or visual recordings may be made. The Peterborough Museum & Archives reserves the right to use all photographs and videos of all our programs, participants, special events and facilities for promotional purposes.

Please carefully read and sign:

My/our signature below confirms permission for my/our child to participate in all program activities, including those supervised trips and activities (if trips are a component of your child's program) not on the Peterborough Museum & Archives property. In the course of program activities, photos may be taken and audio and/or visual recordings may be made. I/we hereby:

- Certify that the information in this document is true and correct, and agree to disclose any and all factors which would prevent or limit the participant from full participation or success within the program;
- Confirm that I/we have read, accept and will abide by the conditions of registration
- Certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf.

Signature(s) _____ / _____

Print Names _____ / _____

Date _____