2025 March Break Day Camp Registration Form

Registration and Health Forms can be submitted via email or dropped off to 263 Main Street. Registration information can be found at www.lucanbiddulph.on.ca

Payment of cash or cheque can be submitted with in-person forms. If you want to pay via credit card, please provide your information below. It is mandatory to submit completed health form(s) with your registration information.

Phone: 519-227-4442 Email: parksandrec@lucanbiddulph.on.ca

CAMPER INFORMATION

Family name: Parent/guardian name:

Address: Postal code:

Town/City: Phone number:

Email:

Name:	Age:		Fee	BEFORE AND AFTERCARE IS NOT AVAILABLE CAMP HOURS ARE: 8:00AM – 5:00PM.	Health form completed:
1.		March Break	**$186.00**		☐
2.		March Break	**$163.00**		☐
3.		March Break	**$163.00**		☐
Total:					

Registration and Refund Policy:
Please make cheques payable to: "Township of Lucan Biddulph". An administration fee of $25 will be levied to all NSF cheques. Full refunds minus a $35 administration fee will be given up to 30 days prior to the start of the program. Refunds after the start of the program will not be given.

Credit Card Information
Name on Card:
Card Number:
Expiry Date:
CVV:

Township of Lucan Biddulph
Parks and Recreation
Camps Participant Health Form:

Participant Information:		**PLEASE PRINT WHEN COMPLETING THIS FORM**
Surname:	First Name:	Gender:
Date of birth: ___/___/__ (DD/ MM/ YYYY)	Age:	Home Phone:
Address: _____ Apt # Street # Street Name:		
City:		Postal Code:
Health Card #		Version Code:
Parent/ Guardian Name:	Relationship:	
Address (if different from above):		Home Phone:
Work/ Cell Phone:	Email:	
Parent/ Guardian #2 Name:	Relationship:	
Address (if different from above):		Home Phone:
Work/ Cell Phone:	Email:	
Emergency Contacts: These will be the only people who are allowed to pick up your child or who will be called if a parent/ guardian cannot be reached in an emergency. **These MUST be different contacts than Parent/ Guardians.** If anyone else other than those listed on this form will be picking up your child, please send a written note and hand it directly to staff.		
Contact #1 Name:	Relationship:	
Address:		Cell Phone:
Contact #2 Name:	Relationship	
Address:		Cell Phone:
Please Note: If staff members do not recognize the people picking up your child, they will ask the individuals to show photo identification. Please ensure that all people picking up your child and are aware of this.		
I give permission for my child to walk home from this program without being signed out by an approved adult Yes ◯ No ◯ If yes, time of day my child can sign themselves out of the program _____		
I give permission for my child to be photographed for promotional purposes: Yes ◯ No: ◯		

Sunscreen: Staff will assist youth with applying sunscreen, providing the following has been completed. I _____, give permission for the staff of Lucan Biddulph Day Camps to assist in the application of sun screen to _____. I understand that adequate sunscreen coverage will be my full responsibility, and not that of the staff. I also understand that I must provide a clearly labelled bottle of approved sun screen. It is to be waterproof, provide UVA/ UVB protection and have a SPF of at least 30 and must not contain peanut products.

Trips: ____ I give permission for my child to go with the counsellors for outings within the Town of Lucan on foot. I agree to keep indemnified the Township of Lucan Biddulph, Lucan Community Memorial Centre and its servants and agents against any liability for losses, damages, claims, demands, suits and costs arising directly or indirectly by virtue of agreement. I will be informed ahead of time of any outing planned for the upcoming week.

Health History:

Family Physician:	Phone:

Date of Last Examination: ___/___/___ (Day/ Month/ Year)

Allergies: Are there any allergies, medical problems or special conditions that staff should be aware of?

_____

_____

Carries: Ana Kit ☐ Yes ☐ No EpiPen: ☐ Yes ☐ No

Other Health Issues: (Please check any applicable areas)

☐ Behavioral concerns	☐ Emotional/Physical Limitations	☐ Skin Conditions
☐ Asthma	☐ Hypertension	☐ Seizure Disorders
☐ Vision Difficulties	☐ Clotting Disorders	☐ Headaches
☐ Heart Disease/ Defect	☐ Frequent Colds/Sinus Trouble	☐ Diabetes
☐ Hearing Aids	☐ Physical Limitations	☐ Eating Disorders
☐ Use of prosthetics/aids	☐ Other (please explain) _____	

Medication Name:	Dosage:	Administration Times:	Reason for taking:

If more space needed please fill out the back of the form.

Authorization:

To the best of my knowledge, my child does not have a communicable disease, and is physically able to participate in all program activities except as indicated. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary.

I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for the safety of the participants. I agree to not hold the Township of Lucan Biddulph, Lucan Community Centre or any of its employees responsible in the event of an injury to my child.

I certify that this information is up to date and accurate. I will contact staff promptly, in writing, if any changes occur in the participant's health status between now and the start of the camp.

Parent/ Guardian Name: _____ Signature: _____

(Please print)

Date: _____

REGISTRATION FEES MUST BE MADE AT THE TIME OF SUBMITTING FORMS.