

**FORT DAUPHIN**

Box 181  
Dauphin, MB  
R7N 2V1



**MUSEUM INC.**

Ph: (204)638 - 6630  
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Email: [fortdphn@mymty.net](mailto:fortdphn@mymty.net)

**Summer Day Camp**

**Registration/Waiver Form**

(Please print clearly and neatly)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (going into fall '19): \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Please Indicate Which Week or Which Days Attending: \_\_\_\_\_

**Medical Information:**

Manitoba Health Care Number (6-digit): \_\_\_\_\_ (9-digit): \_\_\_\_\_

Please list ANY health conditions; such as allergies, diabetes, behavioral problems, or contagious ailments. Please be specific:

\_\_\_\_\_  
\_\_\_\_\_

Please list ANY physical limitations that may prevent your child from taking part in activities:

\_\_\_\_\_

If your child needs to carry or take any form of medications throughout the day list them here.

This includes prescription medication, Epi-Pen, etc.

\_\_\_\_\_

Does your child know how to administer the medication by him/herself? Yes No (Please circle one)

**In case of emergency please call:**

Name: \_\_\_\_\_ Alternate contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate contact number: \_\_\_\_\_

If you would like to receive email updates on our events and programming or are interested in our volunteer programs throughout the year, please record your email address here:

\_\_\_\_\_

My child will be picked up by either myself, or one of the following after the camp:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**Participant Waiver and Informed Consent:** I, the undersigned, authorize the Fort Dauphin Museum, and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by my child. I hereby indemnify and save harmless the Fort Dauphin Museum and/or anyone acting on their behalf from any and all action, claims and demands for damages.

Signature of parent or caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo Release Form:**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby agree for the Fort Dauphin Museum to take photographs of my son/daughter for the purpose of promoting the museum. Such photographs shall be used specifically for museum promotional purposes and documentation and shall not be available to commercial organizations, non-profit organizations or the public. Photographs will be protected.

Signed: \_\_\_\_\_

*Parent/Guardian*

**Cost of the camp is \$60 for the week and needs to be included upon registration.  
Cheques can be made payable to Fort Dauphin Museum Inc.**