



Day Camp Booking Form 2024

Thank you for considering a pioneer day camp program with Sunnybrook Farm Museum. Our mission is to promote learning about rural life in central Alberta, circa 1880-1950, through historical stories and a living farm community. Day camps run 9:00AM until 4:30PM weekly from July 1 – August 30.

Participant's Name: _____ Age _____

Registration Dates _____ Arrival _____ AM Departure _____ PM

Or Weeks: July 1-5 July 8-12 July 15-19 July 22-26 July 29-Aug 2
 Aug 5-9 Aug 12-16 Aug 19-23 Aug 26-30

Parent's Name _____ Email _____

Address _____ Postal Code: _____

Home Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Child's Alberta Health Care Number (not required): _____

Does your child have any of the following: (please use the space below to explain anything checked, if there is not enough room attach a separate sheet)

| | | | | | |
|-----------------|---|-----------------------|---|------------------------|---|
| ADD/ADHD | Y <input type="checkbox"/> N <input type="checkbox"/> | Seasonal Allergies | Y <input type="checkbox"/> N <input type="checkbox"/> | Bladder Problems | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Asthma | Y <input type="checkbox"/> N <input type="checkbox"/> | Heart Problems | Y <input type="checkbox"/> N <input type="checkbox"/> | Diabetes – Type 1 or 2 | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Bee Stings | Y <input type="checkbox"/> N <input type="checkbox"/> | Headaches | Y <input type="checkbox"/> N <input type="checkbox"/> | Epilepsy/Convulsions | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Drug Allergies | Y <input type="checkbox"/> N <input type="checkbox"/> | Learning Difficulties | Y <input type="checkbox"/> N <input type="checkbox"/> | Motion/Travel Sickness | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Other Allergies | Y <input type="checkbox"/> N <input type="checkbox"/> | Food Allergies | Y <input type="checkbox"/> N <input type="checkbox"/> | Other: | _____ |

Detail for above: _____

Payment Information. Fees must be paid at the time of registration:

- Cost is **\$45.00** per day (9:00 to 4:30) or **\$195.00** per week
- Regular Camp hours are 9:00am until 4:30pm.

Total \$ _____

Paid by Visa MasterCard Cheque (payable to Sunnybrook Farm Museum)

Card Number _____ Expiry Date _____

CODE OF CONDUCT
Please read and initial before each point.

_____ I am aware that a spot cannot be held for my child without payment of the camp fee in full. Sunnybrook Farm Museum day camps are not refundable within two weeks of the start of day camp week. Cancellations two weeks or more prior to the start date are subject to a \$25 administration fee. I can switch my booking to a different day/week with either a doctor's note or one weeks' notice with no penalty or extra fees, subject to availability.

_____ I agree that my child may have his or her photograph taken while enrolled with this day camp and agree that any photograph may be used in the Friends of Sunnybrook Farm Society's newsletter, brochures or other promotional material.

_____ I understand that my child's participation in programs at Sunnybrook Farm Museum may be subject to cancellation without refund if, in the opinion of an authorized representative of the Friends of Sunnybrook Farm Society, my child fails to observe any directions or instruction given to my child; or behaves in a manner which may harm either another person or the collections held at the museum. I agree that the museum shall not be held accountable for the loss or destruction of any personal items brought to the site.

RELEASE AND INDEMNITY AGREEMENT

This document will affect your legal rights and liabilities. Please read carefully before signing.

I, _____, am aware that there are many inherent risks, dangers and hazards to which my child/or the children that I am responsible for, may be exposed as a result of his/her attendance at the Day Camp program offered at the Sunnybrook Farm Museum.

I freely accept and fully assume all such risks, dangers or loss resulting from such risks, dangers and hazards that may arise in connection with the children's attendance at or use of Sunnybrook Farm Museum; waive any and all claims that I may have against the Friends of Sunnybrook Farm Society, it's employees, agents and representatives; release the Friends of Sunnybrook Farm Society from any and all liability for any loss, damage, injury or expense that I may suffer or incur as a result of my child's attendance at or participation in the programs at the Sunnybrook Farm Museum, on the part of the Friends of Sunnybrook Farm Society, its volunteers, employees, agents and representatives; hold harmless and indemnify the Friends of Sunnybrook Farm Society from any and all liability for property damage, personal injury or death suffered by my child or by a third party as a result of my child's attendance at or use of the premises.

Parent's Signature _____ Date _____