

FORT DAUPHIN

Box 181
Dauphin, MB
R7N 2V1



MUSEUM INC.

Ph: (204)638 - 6630
Fax: (204)629 - 2327
Email: fortdphn@mymty.net

Summer Day Camp

Registration/Waiver Form

(Please print clearly and neatly)

Child's Name: _____

Date of Birth: _____ Grade (going into fall '25): _____

Parent/Guardian's Name(s): _____

Local Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

Please Indicate 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 \$25 per day and needs to be included upon registration.
Cheques can be made payable to Fort Dauphin Museum Inc.**