

# Superstar Summer Camp 2019

**Child's Full Name:** \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

**Parent/Guardian Info:**

Parent 1 : \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_

**FOIP:**

I give permission for photos or videos to be taken of my child/children to be used by Little Star Programs for publication in any news media. YES NO (please circle one)

**First Aid:**

I \_\_\_\_\_ give Little Star Staff permission to administer first aid to my child in the event of an accident or unforeseen event. I understand all staff is required to have current training in first aid. I also give permission to the above to transport my child in the event of an emergency to the closest hospital or if necessary, to call an ambulance for my child & to share my child's information with emergency personnel.

**Outings Permission :**

I give Little Star permission to take my child for walks in the community, to visit parks, the Blackfalds Library and the Taves Spray Park.

I will provide sunscreen/insect repellent and give Little Star Staff permission to apply to my child.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Weekly Camp Sign Up:** (Check the weeks your child is attending) Runs daily 7:30-5:30

- July 2-5 \$180.00
- July 8-12 \$225.00
- July 15-19 \$225.00
- July 22-26 \$225.00
- July 29 – Aug 2 \$225.00
- Aug 6 – 9 \$180.00

**Unattended Arrival/Departure for ages 9 and up:**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to sign themselves in/out and arrive/leave unattended.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_