

Rag & Bone Summer Camp Registration

FOR OFFICE USE ONLY:

Date Received		Amount Enclosed	
Total Camp Fees		Method of payment	<input type="checkbox"/> cash <input type="checkbox"/> cheque <input type="checkbox"/> online
+ HST (13% age 15+)			
Total Payable			

CAMPER INFORMATION

	CAMPER #1	CAMPER #2 (if applicable)	CAMPER #3 (if applicable)
First Name			
Last Name			
Nickname (if applicable)			
Date of birth (DD/MM/YYYY)		Age at Camp:	Age at Camp:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Child lives with (Used for contact purposes only)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian / Other	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian / Other	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian / Other

MEDICAL INFORMATION

(Note: This information is optional and is used onsite only)

Medical/Personal	CAMPER #1	CAMPER #2	CAMPER #3
Does the child have any allergies; sensitivities; medical, physical or emotional needs we should be made aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe any other special / medical instructions and/or routines required onsite.			

PRIMARY CONTACT / BILLING INFORMATION

	PRIMARY CONTACT (Primary Contact Responsible for Camper)	BILLING CONTACT (All Receipts will be sent to this name/address)
Relationship to child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian/Other (specify)	<input type="checkbox"/> Same as Primary <input type="checkbox"/> Different, see below.
First Name / Last Name		
Home Address City Province Postal Code		
Daytime Phone (Check all that apply)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Preferred E-mail Address		

Emergency Secondary Contact Information

(Person to be notified in case of an emergency when the primary contact cannot be reached.)

Relationship to child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian / Other (specify)
First Name / Last Name	
Daytime Phone (Check any that apply)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Is this person permitted to pick up child from camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No Others who may pick up your child from camp:

PARENT QUESTIONNAIRE

How did you hear about us? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Previous camp(s) | <input type="checkbox"/> Email |
| <input type="checkbox"/> Internet search | |
| <input type="checkbox"/> Rag & Bone website | <input type="checkbox"/> Ottawa Citizen |
| <input type="checkbox"/> Friend(s) or Family | <input type="checkbox"/> From School (Newsletter, Teacher) |
| <input type="checkbox"/> Other (Please specify) _____ | |

CAMP REGISTRATION AGREEMENT

Please print the following information, then check the release options that apply below:

Parent/Guardian's Name _____

Camper #1 Name _____

Camper #2 Name (if applicable) _____

Camper #3 Name (if applicable) _____

MEDICAL RELEASE

I, the undersigned, agree to waive any claims upon Rag & Bone Puppet Theatre in the event of any injury that may be sustained by my child while taking part in activities or excursions during the camp hours.

I understand and agree that in the case of an emergency, if I am not available for consultation, camp staff has permission to secure proper treatment for and hospitalize my child, if necessary.

MEDIA RELEASE

I, the undersigned, agree to permit my child to be videotaped and/or photographed while participating in the Rag & Bone Theatre camp.

Photos and video footage of participants are not taken for monetary gain, but for archival and promotional purposes only (i.e. exhibit displays, photo albums, scrapbooks, press articles, web site, promo kits and brochures).

PERMISSION TO LEAVE THE CAMP SITE (SUPERVISED)

I, the undersigned, agree to permit my child to leave the camp site accompanied by a camp counsellor to attend off-site special events.

PERMISSION TO LEAVE THE CAMP SITE (UNSUPERVISED) 12+

On site, lunch hour supervision is always provided for your child. Campers are encouraged to bring a sack lunch and eat together however, with consent from a parent/legal guardian, campers who are 12 years of age or older are permitted to leave the camp premises unattended over lunch or after camp hours.

I, the undersigned, agree to permit my child who is 12 years of age or older, to leave the camp premises unattended over lunch and/or after camp hours – please specify if you authorize only one. If your child is under the age of 12, please check N/A.

By signing this agreement, I, the undersigned, agree to allow my child to participate in the Rag & Bone Theatre Camps with the above conditions:

Signature of Parent/Guardian: _____ Date: _____

PAYMENT

Parent/Guardian's Name _____

Camper #1 Name _____

Camper #2 Name (if applicable) _____

Camper #3 Name (if applicable) _____

	PRICING	CAMPER AMT #1	CAMPER AMT #2	CAMPER AMT #3
SHAKESPEARE CAMP The Winter's Tale, Monday to Friday, July 6- 24, 2020	\$800.00 ***	+	+	+
		-	-	-
SUBTOTAL				
		+	+	+
CAMP SUBTOTAL				
TOTAL DUE (Add all subtotals)	\$			
TOTAL PAYMENT ENCLOSED	=			

We accept cheques and Interac e-Transfers.
Please make cheques payable to: Rag & Bone Puppet Theatre
1693 Boyer Road, Ottawa, ON K1C 3L1

QUESTIONS? Contact 613-824-5972 or mailbox@ragandbone.ca