

# Cumberland Museum Society Summer Day Camp Registration Form

Please be advised that all information must be filled out for your child to be accepted into the camp. **To attend the camp, a payment of either \$100 for the full week or \$25 per day. Payment can be made at the museum through either cash or credit/debit.**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

## Select the camp(s) you are signing up for:

- Adventures in Nature - July 12-16
- Paper, Scissors, Clay - July 19-23
- Time Travel to 1821 - August 2-6
- Full STEAM Ahead - August 9-13

## Emergency Contacts

### Parent/Guardian 1

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Parent/Guardian 2

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Contact 3

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_
4. \_\_\_\_\_ Phone \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application. All information will remain fully confidential.

## Please list any other important information you'd like to include

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# Medical Information Form

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## Please print information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director's must be advised in writing of any condition that would limit the camper's ability to participate in any program

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Family/Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## Please specify any current medical conditions:

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## Will your child need to take any prescription medications while at camp?

### Yes/No

If yes please list below the medications, what they are used for, and the frequency/dosage of each medication

1. \_\_\_\_\_ Dose: \_\_\_\_\_
2. \_\_\_\_\_ Dose: \_\_\_\_\_
3. \_\_\_\_\_ Dose: \_\_\_\_\_
4. \_\_\_\_\_ Dose: \_\_\_\_\_

## Allergies (Please put N/A if your child does not have an allergy)

Food \_\_\_\_\_  
Medication \_\_\_\_\_  
Other \_\_\_\_\_

## Does your child require an epi-pen? Yes/No

If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note

# Parent/Guardian Authorization Form

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**Name of Camper** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

The Cumberland Museum Society does not discriminate on the basis of race, color, sex, handicap, religion or national origin. The Cumberland Museum Society reserves the right at its sole discretion to refuse an application or dismiss a child from camp.

Parent/Guardian Signature indicates that you understand and accept these guidelines

**Signature:** \_\_\_\_\_

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required.

**Signature:** \_\_\_\_\_

By signing below I agree to adhere to all the Policies and Procedures set for by The Cumberland Museum Society.

**Signature:** \_\_\_\_\_

I grant the Cumberland Museum Society permission to use photos of my child, and agree to the following:

I understand that my child, whose name is listed above, may be photographed at the museum during summer day camp activities. I understand that these photographs may be used in promoting the museum in either print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the museum. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Signature:** \_\_\_\_\_

# Covid-19 Protocols

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The Cumberland Museum is taking all necessary steps and precautions to create a safe space for both workers and visitors. We are following and instating all guidelines set out by both the World Health Organization and the Nova Scotia Government.

## **Daily Screening**

Each day, families are required to screen their children using the Covid-19 Daily Checklist provided on the Nova Scotia Government Website before coming to the museum. Staff will also be required to self-screen for signs and symptoms of Covid-19.

## **Staying Home**

Both campers and staff will be required to stay home if they are feeling unwell, even if symptoms are mild.

## **Mask Wearing**

Each child will be required to wear a mask during indoor activities, so it is require that the child brings a mask each day. If a mask is lost or forgotten, we will provide a disposable mask. Masks may be removed when eating and drinking, or if 2 metres of physical distancing can be maintained.

## **Hygiene Practices**

Here at the museum, many practices have been put in place to ensure a clean environment. but it is important that campers are also educated on proper hygienic practices. frequent handwashing is important and sanitizer will also be provided. Hand hygiene will be necessary upon entrance to the museum, between activities, before and after eating and drinking, and after coughing or sneezing. We also recommend that campers avoid sharing personal items (i.e. backpacks, hats, lip chap, hair pieces, water bottles, etc.)

For any further information regarding Covid-19, please visit:  
<https://novascotia.ca/coronavirus/>