



Welcome to the Market Hall Performing Arts Centre's 2017 Creativity Camps! We are pleased to offer a line-up of professional teachers, actors and filmmakers. We are so excited to have you join us for what promises to be an exciting year.

### **How to Register:**

- ✓ Visit [tickets.markethall.org](http://tickets.markethall.org) to purchase your reservation by credit card. Download the registration package, print, fill out and return the last page to us by email ([boxoffice@markethall.org](mailto:boxoffice@markethall.org)), fax (705-749-3606), mail (PO Box 282, Peterborough, ON, K9J 6Y8) or drop off (140 Charlotte St., between George and Water). Office hours are 12-5pm, Monday –Friday.
- ✓ To purchase by cash, cheque or debit drop in to the office at 140 Charlotte St., Monday-Friday, 12-5pm.
- ✓ Camp prices vary see [tickets.markethall.org](http://tickets.markethall.org) for individual camp details.
- ✓ Cancellations will be subject to a cancellation fee.
- ✓ Multiple registrations in the same season (winter/summer) are eligible for a \$5 discount on single day camp registrations and \$10 discount on longer camp registrations.
  - To gain access to discount price it is necessary to have multiple registrations in the same order.
- ✓ Market Hall members save \$10 on all camp registrations (no additional discounts).

### **Bring to camp:**

- ✓ Comfortable shoes and clothing that allows for lots of movement.
- ✓ Peanut free lunch, two snacks and refillable drink bottle. Label your containers!
- ✓ Leave phones, iPods etc. at home, please.
- ✓ No toy weapons allowed.

### **Performance (longer camps only):**

As part of full week camps, family and friends are invited to the children's performance of their week's work on Friday afternoon. We'll confirm the time with you early in the camp week.

### **Camper Health and Information Form:**

The camper health and information form helps us to provide the best possible care for your child. Please fill it out completely. If your child has medication or other special needs, please submit the form before the first day of camp to provide staff sufficient notice.

### **Medication at Camp:**

Please be sure to document on the camper health and information form any prescription medications your child will require while at camp. Staff will only administer medication in its original container and bearing a current prescription label with your child's name on it. When a unit of measurement is required, a labeled dosage implement must be supplied with the medication. Staff cannot accept over-the-counter medication unless prescribed by a physician. Epi-pens and asthma inhalers must be sent daily. Please don't hesitate to contact us at any time before or during your camp session to discuss your child's needs.

### **Drop-Off and Pick-Up Procedure:**

The safety of our campers is our first priority. Our Day Camp follows a Safe Arrival policy:

- ✓ Entrance is 140 Charlotte St., under the glass awning.
- ✓ Please accompany your child into the building on the first day to check in with our camp staff.
- ✓ Confirm arrangements for the rest of the week with our camp staff. Children aged 13 and up may arrive and leave camp on their own with your permission. Children under the age of 13 must be dropped off and picked up each day by someone on your approved list.
- ✓ **Campers will not be allowed to leave with anyone who is not listed on your camper form.**
- ✓ Drop off time is 8:30am-9:00am
- ✓ Pick up time is 3:30 pm-4:00pm (at the latest)
- ✓ If you must pick up / drop off outside the allotted time please inquire to see if arrangements can be made. Additional fees will apply for special accommodations of this kind.
- ✓ Please call the Market Hall office at 749-1146 if your child will need to miss camp for any reason. Our staff will call home to check in any time a child does not arrive to camp by 9:30 am without prior notice of their absence.



Market Hall Performing Arts Centre Creativity Camp 2017-Health and Camper Information Form

Camper's Name: \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 1 E-Mail Contact \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3rd Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional individuals authorized to pick up your child \_\_\_\_\_

Health Card Number \_\_\_\_\_ Family Doctor (Name and Telephone) \_\_\_\_\_

Does your child have any medications, medical concerns, social/behavioural issues we should know about? Please be specific about any prescription medications your child will need to take at camp. Please refer to our medication policy above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we recognize that participation in day camp programs involve normal risks and hazards associated with physical activity, all of which I/we expressly assume, and in consideration of acceptance of my registration the Market Hall Performing Arts Centre, I/we hereby:

- 1. agree to waive my/our right to make any claim against the Market Hall Performing Arts Centre, the program staff or volunteers, the facility operator, or any others involved in the organization and running of the program and surrounding activities from any and all claims for damages arising as a result of any accident, injury or otherwise;
- 2. certify that all of the information in my application and camper health and information forms is true and correct, and have disclosed any and all factors which would prevent or limit my child from full participation in the program;
- 3. agree to give the Operations Manager and/or designate the authority to act on my/our behalf in case of emergency;
- 4. confirm that I/we have read, accept and will abide by the conditions of registration;
- 5. agree to the use of photos, audio or video recordings of my/our child and/or myself for promotional purposes; and
- 6. certify that as an individual parent registering my child, I am acting as an agent of my partner, and have the authority to execute this agreement on their behalf.

Date: \_\_\_\_\_ Name(s): \_\_\_\_\_ Signature \_\_\_\_\_

Paid Amount: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Camp Dates: \_\_\_\_\_