



MSA
CONSERVATION



MIRAMICHI SALMON
ASSOCIATION INC.

NB Wildlife
Trust Fund
www.nbwtf.ca



Fonds en fiducie pour la faune
du Nouveau-Brunswick
www.fmnbc.ca

Come Play on Our River Day Camp

263 Main Street, Doaktown, NB
E9C1A9

TEL: (506)365-7787 FAX: (506)365-7359

Email: comeplayasm@gmail.com

Facebook: *Come Play on Our River*

DAY CAMP AGREEMENT, CONSENT & WAIVER FORM

Please read each section of this Agreement carefully. Initial where indicated and include your signature and the date at the bottom of the form.

ALL SECTIONS MUST BE INITIALED BEFORE THE FORM WILL BE CONSIDERED COMPLETE.

PART A: DELIVERY, PICK UP AND ABSENTEEISM

- I understand that no child will be released from their care if staff is of the opinion that the child may be at risk.
- I will be responsible for the care and transportation of my child to and from the Atlantic Salmon Museum, and I will deliver my child directly to a Camp staff member.
- I am aware that my child must be promptly dropped off and picked up by the start and conclusion of each Camp day, and if there will be a delay, it is my responsibility to contact the Museum staff at 506-365-7787 to let them know.
- I understand that children arriving and departing alone must be eight (8) years of age or older. It is my responsibility to leave a signed note with staff stating that my child has permission to arrive and leave on their own and including dates to which this permission pertains.

- In the event of my child's absence due to illness or some other unforeseen circumstance, I understand that it is my responsibility to contact the Museum at 506-365-7787 before the beginning of the camp day. Failure to advise staff of the child's proposed absence may result in an additional fee being charged to the parent / guardian.
- In the event of absenteeism due to illness or some other unforeseen circumstances, I accept that I am still responsible for full payment of the registration fee.

_____ Initial

PART B: HEALTH

- I understand that I must sign the *Medications Release* form before staff can administer any medications to my child.
- I understand that no child may attend who is judged to be ill or a source or infection.
- If my child is judged to be too ill to participate in the day's activities, I understand that I may be contacted to pick up my child and remove them from Camp.
- I am aware that it is my responsibility to notify staff if my child contracts a communicable disease and that they cannot return to the program until they are no longer infectious.
- Should a sudden illness or accident occur, I hereby give consent for my child to be taken to the nearest emergency centre in circumstances where I cannot be reached. I consent for my child to receive medical treatment. I consent that, in the event of a severe illness or accident or when a staff person cannot leave the facility, the means of transportation may be by ambulance and that I will subsequently be responsible for the cost of that transportation.

_____ Initial

PART C: APPROPRIATE BEHAVIOUR

- I understand that my child must not be disrespectful either in behaviour or in tone of voice to their fellow campers or to program staff. Disrespectful behaviour includes but is not limited to hitting, punching, kicking, biting, spitting, swearing, lying, or refusing to obey instructions from staff. I accept that any willful damage of Museum property, stealing or destruction of items belonging to other campers will not be tolerated.
- I understand that the first occurrence of any form of disrespectful behaviour, vandalism, or stealing will result in a private conversation between my child and the Camp Coordinator and will include a warning.
- I understand that a second occurrence will result in a consultation with the with the Museum's General Manager, the Camp Coordinator, and myself as the child's parent/guardian.
- If there is a third occurrence, I accept that my child will be immediately expelled from the Camp and that there will be no refund of registration fees.

_____ **Initial**

PART D: EXCURSIONS

- I hereby give my permission for my child to participate in excursions off site from the property of the Atlantic Salmon Museum. I understand that these excursions may involve walking or transportation provided by Museum staff or volunteers, all of whom have met the driving and insurance requirements of the program. Note: These excursions typically include visits to local trout ponds and hiking on local nature trails.
- I understand that all excursions will be carefully pre-planned and adequately supervised, and that I will be informed about them in advance.

_____ **Initial**

PART E: ACKNOWLEDGMENT AND ASSUMPTION OF RISK

- I acknowledge that I am aware of the details of day camp activities and understand that there is a possibility of personal risk, damage, or injury to my child. I agree to assume responsibility for those risks as a condition of registering for this program.

_____ Initial

PART F: INDEMNIFICATION AND RELEASE

- I hereby attest to the fact that my child has no physical restrictions which would prohibit their participation in normal camp activities. I, the undersigned, being the parent or guardian of said child, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the Atlantic Salmon Museum or any of its agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of camp activities.

_____ Initial

PART G: PHOTO RELEASE

- I hereby release the right to use any photo or video materials of my child (without limitation on time frequency) for promotional, instructional, or educational purposes with regard to the programs which operate under the Atlantic Salmon Museum and its associated partners.

_____ Initial

PART H: SIGNATURE

- By attaching my signature, I acknowledge that I have read and understood this agreement, consent, and waiver, and that I agree to abide by the conditions outlined herein while my child is a participant in the *Come Play on Our River* day camp program.

Child's Name: _____ Age: _____

Signature of
Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____



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CAMP NOTES

- *Come Play on Our River* operates from the Atlantic Salmon Museum located at 263 Main Street located at 263 Main Street, Doaktown. We can be reached at (506)365-7787, at comeplayasm@gmail.com, museum@nbnet.nb.ca, or on Facebook at *Come Play on Our River*.
- The registration fee for all camp weeks is \$135 per child. If more than once child from your family will be attending camp (either during the same week or in different weeks) the cost per child will be \$130.
- **There is a \$50 fee to reserve your child's place which will come off the overall registration fee. The remaining registration fee and all registration forms must be submitted to the Museum by the Thursday prior to the first day of camp. If, however, circumstances preclude this, please get in touch with us and we will do our best to accommodate you.**
- Camp begins at 9:00am and finished at 3:00pm. Please make arrangements to have your child dropped off and picked up promptly.
- On Fridays, our last day on camp, closing ceremonies are held from 11:30am – Noon, with all parents, guardians and friends being encouraged to attend.

- Given that there is a limited amount of space for every camp week, and almost always a waiting list, please make sure to contact us if – for whatever reason – your child will be able to unattend as planned.
- All campers are asked to bring the following with them:
 - ✓ Lunch and Snacks (Note: ice cream, potato chips, water and pop are also on sale at the Museum's Gift Shop.)
 - ✓ Water bottle
 - ✓ Weather-appropriate clothing, including a waterproof jacket.
 - ✓ Sneakers
 - ✓ Hat
 - ✓ Swim wear (or a change of clothing)
 - ✓ Water shoes or “old” shoes that can get wet. (NO flip flops!)
 - ✓ Large towel
 - ✓ Backpack
 - ✓ Bug repellent / Sun screen (to be applied at home)

PLEASE MAKE SURE THAT ALL ARTICLES ARE LABELLED WITH THE CAMPER'S NAME.

A note will be sent home at the end of every camp day advising of the next day's activities and any “extras” the camper may be asked to bring.

- Optional Items Include:
 - ✓ Life Jacket
 - ✓ Fishing Rod

THESE ITEMS CAN ALSO BE SUPPLIED BY COME PLAY STAFF

- Items that are **NOT** permitted at camp:
 - × Electronics such as cell phones, MP3 Players, iPods, PSPs, Nintendo's
 - × Games or Toys (including water toys)
 - × No gum or food containing peanuts or nuts of any kind.

We do our best to ensure that every camper enjoys their stay with us. However, if you as a parent our guardian have any concerns or comments of which you think we should be aware, please don't hesitate to pass them on to our Camp Coordinator, Amelia Veno, or to the Museum's General Manager, Karen Swim.



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CAMPER'S PROFILE

CHILD'S FULL NAME: _____

NAME HE/SHE/THEY PREFER TO BE CALLED: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ AGE _____

FULL NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS (if different from that of the child's): _____

TELEPHONE NUMBER (please include area code):

Home: _____ Cell: _____ Work: _____

EMAIL ADDRESS: _____

CHILD'S MEDICARE NUMBER: _____

EXPIRATION DATE: _____

ALLERGIES: _____

SPECIFY ANY MEDIATION YOUR CHILD TAKES ON A REGULAR BASES:

Please complete the *Medical Release* form if your child will be taking medication during camp week.

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?

___ Diabetes

___ Ear Infections

___ Asthma

___ Epilepsy

___ ADD / ADHD

___ Behavioral Disorders

Are there other medical conditions of which we should be aware? _____

Should your child be restricted from any of our camp activities? _____

IF YOUR CHILD WILL BE PICKED UP FROM CAMP BY SOMEONE OTHER THAN HIS/HER/THEIR PARENT OR GUARDIAN, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Person #1

(FULL NAME)

(RELATIONSHIP TO CHILD)

(CONTACT NUMBER)

Person #2

(FULL NAME)

(RELATIONSHIP TO CHILD)

(CONTACT NUMBER)

Person or persons NOT permitted to pick up your child: _____

EMERGENCY CONTACT: (1) _____
(FULL NAME)

(PHONE NUMBER WHERE CONTACT CAN BE REACHED)

(2) _____
(FULL NAME)

(PHONE NUMBER WHERE CONTACT CAN BE REACHED)

CHILD'S SWIMMING ABILITY:

___ Excellent ___ Satisfactory ___ Poor

Last swimming lesson level completed (if applicable): _____

PHOTO RELEASE:

Photos and/or videos can be taken of my child for promotional, instructional, or educational purposes and used in conjunction with the *Come Play* program or any other program associated with the Atlantic Salmon Museum.

___ Yes ___ No



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MEDICATIONS RELEASE

I, _____
(FULL NAME OF PARENT / GUARDIAN)

Hereby give permission for the staff of the *Come Play on Our River Day Camp* (operating under the supervision of the Atlantic Salmon Museum) to administer to my child the medication listed below in any emergency which might occur. No other medications **except that listed below** shall be administered without my direct consent, except by trained medical professionals.

(CAMPERS NAME)

Sex: ___ Male ___ Female ___ Other Date of Birth: _____

Contact Information – Parent / Guardian

Telephone: Cell _____ Home _____ Work _____

Does the camper have any anaphylactic (life-threatening) allergies?

Yes_____ No_____

If "Yes," please list the anaphylactic allergy: _____

Type of Auto injector: EpiPen____ (Adult)____ Junior____
Allerject____ (Adult)____ Junior____

Date of last Anaphylactic Reaction: _____

Other Allergies (please check those that apply):

Food: Nuts / Peanuts _____ Dairy _____

Other Food (please specify) _____

Drugs / Medication (please specify): _____

Environmental (Hay Fever, Etc.) _____

Latex (Balloons, Gloves, Band-Aids, Etc.) _____

Animals (please specify): _____

Insects (please specify): _____

Other (please specify): _____

Administration of Medication

Allergy/Condition: _____

Medication: _____ Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____

Dietary Requirements:

Regular: _____

Lactose-Intolerant: _____

Vegetarian: _____

Celiac (Gluten-Free Diet): _____

Other Food Restrictions (please specify): _____

Health Issues (please check those that apply):

_____ Asthma

_____ Anxiety

_____ Arthritis

_____ Bowel Issues

_____ Bleeding Disorder

_____ Diabetes

_____ Contact Lenses

_____ Ear Infection

_____ Eye Glasses

_____ Hay Fever

_____ Fainting Episodes

_____ Heart Condition

_____ Hearing Aids

_____ Hearing Difficulties

_____ Nose Bleeds

_____ Seizures

_____ Sight/Vision Difficulties

_____ Sun Sensitivity

Other (please specify) _____

Emotional, Social and Mental Health History (please check those that apply):

Has the camper received a diagnosis for:

_____ Depression

_____ OCD

_____ Panic / Anxiety

Does the camper have a learning disability? Yes _____ No _____

Does the camper have any physical disabilities? Yes _____ No _____

If "Yes," please describe: _____

Medications:

Does the camper currently take any medication (including non-prescription drugs) at home on a regular basis? Yes ____ No ____

If "Yes," please specify: _____

Are any of these medications to be given while the child is at camp?

Yes ____ No ____

***Note: If medication is to be administered while at camp, all medications must be in its original container complete with the appropriate labelling and provided to our Camp Coordinator at the beginning of camp week.**

Do we have your permission to administer non-prescription medications to your child, according to the package instructions, camper's age and weight as may be required?

Tylenol: Yes ____ No ____ Advil: Yes ____ No ____

Polysporin: Yes ____ No ____ Cough Medicine: Yes ____ No ____

Throat Lozenges: Yes ____ No ____

Immunizations:

We have chosen to NOT immunize our camper: Yes ____ No ____

(SIGNATURE)

(DATE)



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REGISTRATION FORM

FULL NAME OF PARENT/GUARDIAN (please print): _____

MAILING ADDRESS (please print): _____

TELEPHONE NUMBER (please include area code):

Home: _____ Cell: _____ Work: _____

EMAIL ADDRESS: _____

CHILD'S NAME (please print): _____

DATE OF CAMP WEEK – PREFERRED: _____

DATE OF CAMP WEEK – ALTERNATIVE: _____

I AM ENCLOSING (please check all that apply):

☐ REGISTRATION FORM

☐ DAY CAMP AGREEMENT, CONSENT
AND WAIVER

☐ CAMPER'S PROFILE

☐ TEMPORARY CAREGIVER
INFORMATION

☐ MEDICATION RELEASE

☐ CHEQUE (\$135 per week per child or \$130 for two or more from the same family made payable to *The Atlantic Salmon Museum*)

HOW DID YOU HEAR ABOUT OUR *COME PLAY* PROGRAM?

☐ School Handout

☐ Forum, Conference, Convention

☐ Facebook

☐ Website

☐ Tourism Information

☐ Newspaper, Radio

☐ Word of Mouth

☐ Other

PLEASE FORWARD THIS COMPLETED REGISTRATION FORM WITH YOUR CHEQUE AND ALL OTHER FORMS (AS APPROPRIATE) TO THE ATLANTIC SALMON MUSEUM, 263 MAIN STREET, DOAKTWON, NB E9C 1A9. *Confirmation will be mailed or emailed to you as quickly as possible.* WE WOULD APPRECIATE RECEIVING ALL FORMS AND PAYMENT AT LEAST ONE WEEK PRIOR TO THE BEGINNING OF YOUR CHILD'S WEEK AT CAMP.



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SPONSORSHIPS

If you know of a child between the ages of 6 – 12 who would love to attend our camp but whose family cannot afford the \$135 registration fee, please contact us. Thanks to the generosity of Museum supporters, our *Come Play* program is able to offer a number of sponsorships to those children who need them most. All arrangements of this nature are treated with the strictest confidence – our only goal is to ensure that **all** children have an opportunity to *Come Play on Our River*.

For further information concerning these sponsorships, please contact the Atlantic Salmon Museum at 506-365-7787, at comeplayasm@gmail.com, museum@nbnet.nb.ca or on Facebook at *Come Play on Our River*.



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TEMPORARY CAREGIVER

In the event that your child will not be in your care during their time at the *Come Play on Our River Day Camp*, please complete the request for information below:

CHILD'S NAME (please print): _____

PARENT / GUARDIAN (please print): _____

(1) TEMPORARY CAREGIVER (please print): _____

ADDRESS: _____

PHONE NUMBER (please include area code):

HOME _____ CELL _____

RELATION TO CHILD: _____

(2) TEMPORARY CAREGIVER (please print): _____

ADDRESS: _____

PHONE NUMBER (please include area code):

HOME _____ CELL _____

RELATION TO CHILD: _____

I, _____, am aware that my child, _____ will be in the care of the afore mentioned person(s) who, during my child's time at the *Come Play on Our River* program, will be caring for and making decisions in regard to my child. Those decisions will comply with the information provided on the Registration Form, the Day Camp Agreement, Consent & Waiver Form, and the Medication Release Form.

(SIGNATURE)

(DATE)