

Municipality of Shuniah

Summer Day Camp 2026 Registration

By completing this form, you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the Municipality of Shuniah: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are their parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on their behalf. Please note this agreement requires you to read the Program Agreements.

Please provide your email address below to receive your registration confirmation, newsletters, and information guide!

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

(Please include first and last name where applicable. Please write full name of gender, ex. "female" instead of "F"). **PLEASE NOTE: Campers must be between the ages of 6-13 years old to be registered.**

Camper's Information

Name: _____ Age of Camper: _____ Gender: _____

Camper's Swim Level: Non-Swimmer Beginner Average Above Average

T-Shirt Size : Small Medium Large

Primary Contact

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Secondary Contact

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Emergency Contact or Alternate Pick-Up

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by Shuniah staff when the parent/guardian cannot be reached.

Relationship: _____

Name: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

All campers must be signed in and out by a parent/guardian or an authorized person over the age of 16.

*****PLEASE NOTE: Any one of the above contacts must be available to pick up the camper at any time during day camp programming, if needed.*****

Code of Conduct

The safety of each individual in the program is of the utmost importance of the Municipality of Shuniah. Each registrant must recognize a personal responsibility to learn and follow, at-all-times, the safety and other rules established by Shuniah staff. I hereby agree that any behaviour of the registrant that places the registrant or others at risk may result in the registrant’s immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at their request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the Municipality of Shuniah reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct. Signature: _____

***PLEASE NOTE: There is a separate Code of Conduct Policy document that you must read and discuss with your camper(s), sign, and return on or before the camper’s first day at day camp.**

Health History and Personal Information

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Day Camp Supervisor and Counselors to support your child. If there is additional information of a sensitive nature, please feel free to send a separate letter marked ‘confidential’ to the attention of the Day Camp Supervisor. Whatever information you send to us will be treated with confidence and respect.

Is the participant under any form of treatment for an illness, condition, or injury? Yes No

If yes, please explain and detail routines, medications, adaptations etc:

Does your child have any medical or behavioural conditions that we should be aware of? Yes No

If yes, please take a moment to explain:

Does your child use an inhaler? Yes No

Does your child use an EpiPen? Yes No

Allergies:

Seasonal Yes No _____
Drugs Yes No _____
Food Yes No _____

Dietary Restrictions:

Gluten Free Yes No

Vegetarian Yes No

Lactose intolerant Yes No

Other: _____

Is there anything else Day Camp Staff should know to help support the needs of the camper during Day Camp?

Camp Schedule

Dates	Registration	Fee/1st child	Fee/Additional Children	Paid
July 6-10	<input type="checkbox"/>	\$225.00	\$200.00	
July 13-17	<input type="checkbox"/>	\$225.00	\$200.00	
July 20-24	<input type="checkbox"/>	\$225.00	\$200.00	
July 27-31	<input type="checkbox"/>	\$225.00	\$200.00	
Aug 4-7	<input type="checkbox"/>	\$180.00	\$160.00	
Aug 10-14	<input type="checkbox"/>	\$225.00	\$200.00	
Aug 17-21	<input type="checkbox"/>	\$225.00	\$200.00	

Drop-Off: 8:00 – 8:30 AM

Pick-Up: 4:30 – 5:00 PM

Included in the Day Camp registration fee is a T-shirt, snacks, and pizza (on Fridays).

CAMPERS MUST BRING A LUNCH MONDAY – THURSDAY

Cancellations and Refunds

Requests for cancellations or refunds must be made in writing and submitted to the Municipality of Shuniah via email to daycamp@shuniah.org. Cancellation requests received at least 14 days before the start of camp will receive a refund minus an administration fee of \$25 per program (week) being cancelled. Cancellation requests received with less than 14 days’ notice will receive a refund minus an administration fee of 50% of the cost of the program being cancelled. Cancellation requests that are received less than 5 days prior to the start of the program being requested to cancel will not qualify for a refund. Refunds are not granted for inclement weather.

I have read and understand the Cancellation and Refund Statement.

Signature: _____

Payment Method

Payment is due at registration at the Municipal Office at 420 Leslie Ave. Hours Monday to Thursday 8:30 – 4:30 and Friday 8:30 to 3:30.

Total Fees Due: \$ _____

Method of Payment:

- Cheque – Please make cheque payable to Municipality of Shuniah
- Money Order – Please make payable to Municipality of Shuniah
- Cash/Debit – at Municipal Office

Photo and Video Consent and Release Form

I am the parent/guardian of _____ (FULL NAME) (“My Child”).

I hereby grant The Municipality of Shuniah (“Municipality”) and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any Municipality publication or on the Municipality websites, without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child’s likeness appears, or the use to which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless the Municipality and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child’s photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

- CONSENT:** We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above-named child and **do** hereby give our/my consent without reservation to the foregoing on behalf of My Child.
- NON-CONSENT:** We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above-named child and **do not** hereby give our/my consent without reservation to the foregoing on behalf of My Child.

I have read and understand the Photo and Video Consent and Release Form.

Name: _____ Date: _____

Signature: _____

Program Agreements

Assumption of Risk and Indemnifying Release

While Shuniah staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in a Shuniah program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her/their behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the Municipality of Shuniah, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

_____ **Please Initial**

Medical Emergencies

In the event of an accident, injury or illness involving the registrant, and immediate contact by the Municipality of Shuniah with a designated contact cannot be made, I hereby authorize and grant permission to the Municipality of Shuniah staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the Municipality of Shuniah responsible for any costs or injury arising out of an emergency situation. _____ **Please Initial**

Commitment to Privacy

The Municipality of Shuniah is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a Shuniah program in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. For more information on our commitment to privacy, or if you do not wish to receive such communications from Shuniah, please visit our website at www.shuniah.org or call the Municipality of Shuniah Administration Office at 807-683-4545/1-855-683-4545.

_____ **Please Initial**

Disclaimer

All programs are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program. _____ **Please Initial**

Registration Agreement

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer.

_____ Please Initial

Date: _____

Camper Name: _____

Name of Parent/Guardian: _____

Parent or Guardian Signature: _____