



Camps & PD Day Registration

Welcome to the wonderful world of parrots! They are so very excited to hear that you are coming! Please complete the registration form below. Parrot Partners camps and PD Days will run from 9:00 am to 4:00 pm Monday through Friday. Before and after care is available 8:00am – 9:00am and 4:00pm-5:00pm daily for a fee.

We welcome kids ages 7 – 16

Kids with special needs with a caretaker are welcome!

- ✓ Full 5 Day Camp: \$285 + TAX
- ✓ Individual Camp day(s): \$60 + TAX
- ✓ PD Days: \$60 + TAX
- ✓ Before/After Care full camp week: \$25 + TAX
- ✓ Before/after care (individual days): \$7 per day + TAX



Please pick your date(s):

<input type="checkbox"/> September 28 th 2018 PD DAY	<input type="checkbox"/> February 15 th , 2019 PD DAY
<input type="checkbox"/> October 26 th 2018 PD DAY	<input type="checkbox"/> April 5 th , 2019 PD DAY
<input type="checkbox"/> November 16 th 2018 PD DAY	<input type="checkbox"/> April 12 th , 2019 PD DAY
<input type="checkbox"/> November 23 rd 2018 PD DAY	<input type="checkbox"/> May 31 st 2019 PD DAY
<input type="checkbox"/> January 25 th , 2019 PD DAY	<input type="checkbox"/> June 7 th 2019 PD DAY
<input type="checkbox"/> January 31 th , 2019 PD DAY	<input type="checkbox"/> June 28 th 2019 PD DAY
<input type="checkbox"/> March Break Camp! 11-15th 2019	
<input type="checkbox"/> Full Week	
<input type="checkbox"/> Individual Days	
<input type="checkbox"/> Mon	<input type="checkbox"/> Tue
<input type="checkbox"/> Wed	<input type="checkbox"/> Thur

Will your child require Before/After care? NO YES

To register please complete and return the following forms along with a 50% deposit to Parrot Partners.

- Camp / PD Day Registration Form
- Medical Information Release
- Policies
- Photo Release Form

Parrot Partners Canada, 25 Industrial Avenue, Carleton Place
Office: 613-257-2473 <> Camp Email: development@parrotpartners.org

You can register in person Monday through Friday 9:00 to 4:00 or complete the on-line form on our website. Registration is only complete with all the required paperwork complete and deposit has been received. The remaining balance is due by the first day of camp or PD Day. Payments can be made via: cash, e-transfer, or credit card.

CAMP / PD DAY REGISTRATION FORM

Childs Name: _____ M / F

Age: _____ Campers must be at least 7 years old to attend camp

Health Concerns:

Special Needs, Behaviour or Learning Challenges:

Will your child be bringing medication to be administered during the day or in an emergency?
YES / NO If YES, please provide details on the medical Information Release Form

Parent / Guardian(s): _____

Address: _____

EMAIL: _____

Cell: _____ Home: _____ Work: _____

Emergency Contact: _____

Emergency Contact Number: _____

Name of person(s) authorized to pick up camper:

Campers will only be released to the individuals listed above; please list all authorized adults

MEDICAL RELEASE FORM

Any child participating in Parrot Partners programming is to be physically able to participate in all activities. If an aid/care takers presence is required, please notify us prior to registering.

Child's Name: _____ Age: _____

Parent/Guardian: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Family Physician: _____ Contact #: _____

Health Card (OHIP)#: _____

Medical Conditions:

Medications / Instructions for administering of Meds/Emergency Procedures etc:

Advice and strategies for campers with special needs, behavioural or learning challenges:

POLICIES & PARTICIPATION WAIVER

Any child participating in Parrot Partners programming and is in need of medications, must be able to administer the medication themselves (injections/inhalers/swallowing pills). Parrot Partners will aid/supervise in the dispensing/measuring of the necessary medications per the specific instructions outlined in the medical release form.

You certify that your child is physically able to participate in all Parrot Partners activities. Parrot Partners assumes no responsibility for injuries or losses caused by situations or inappropriate behaviour beyond our control.

In the event of an accident or illness, affecting my child, Parrot Partners and any hospital/physician has my permission to authorize on my behalf all procedures, including transportation to hospital and necessary treatment therein, that may be deemed necessary for the care and wellbeing of said child. Such action is to be undertaken only when I can not be contacted.

*Please sign below to certify that your child is physically able to participate in all Parrot Partners activities.

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

I acknowledge that Parrot Partners and its representatives are not responsible for any injury, medical complications from any predisposed conditions, loss or damage of any kind sustained by any person while participating in Parrot Partners program. I will hold harmless and indemnify Parrot Partners and its representatives from any liability as well as any claims arising from the damage to the property of, or injury to, my child or any their party resulting from participation in the Parrot Partners program.

There is an element of risk inherent in participating in the interactive, hands on animal experience. We at Parrot Partners do take every precaution to ensure the safety of our campers and staff. It is important for registered children and their parents to understand that if used improperly, and/or without instructor supervision, certain equipment and materials can be dangerous.

Please note that there will be a one-chance warning for children with physical misconduct to our birds, staff or other campers. After one warning, if the misconduct continues the child will be removed from the program. Parrot Partners has the final say as to the severity of the physical misconduct.

Parrot Partners assumes no responsibility for injuries or losses caused by situations or inappropriate behaviour beyond our control. My child has permission to attend and participate in the Parrot Partners Camp Program. I understand that failure to abide by the policies and guidelines as outlined by my child's instruction may result in the cancellation of this agreement, with out a refund.

Further, I understand that damage to animals/equipment and/or the facility due to reckless acts and/or deliberate indifference by my child may be my financial responsibility.

I understand that this is a legal agreement. I have read and understood all the terms of this agreement, and by signing this agreement voluntarily, I am agreeing to abide by its terms and if applicable agree that the above instructions for care and/or medication have been clearly explained.

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

CAMP SWIM WAIVER

Weather permitting; Parrot Partners Campers (week long camps only) may swim at the community pool. They will be walking to the pool with supervision. They may also get to take our aviary birds with them in their carrier/stroller.

This form will give your child consent to participate in the swimming portion of camp. One form must be filled out for each child. Please fill out appropriately and provide your signature.

NO (child's name) _____ may not participate in swimming while at Parrot Partners camp.

Option #1: They may walk with the campers and supervisor to the pool and remain out of the pool with supervision.

Option #2: They may stay at the aviary and work on a craft with supervision.

YES (child's name) _____ may participate in swimming while at Parrot Partners camp.

Childs Swim Level: _____

Does your child use a floatation device? YES / NO

If yes, what type will you be providing? _____

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

PHOTO RELEASE WAIVER

I (parent's name) _____ am the parent / legal guardian of
(child's name) _____

I hereby authorize do not authorize Parrot Partner to use my child's photograph publically for promotional material. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature of Legal Guardian _____

Parent/Guardian Name: _____

Child's Name: _____

Date: _____

THANKS FOR REGISTERING!

An information package will be emailed out prior to the camp with all the details required to make it a great week! What are we doing? Where are we going? What should I bring? Will the parrots like me? What do I need to know before meeting parrots for the first time?

Questions? Email our camp coordinator Holly: development@parrotpartners.org

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