

Mysteries at the Museum
Summer Camp Application Form

lutzmtnheritage@rogers.com or 506-384-7719

Please Print Clearly

Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_
(Street / Rural Route No. / Box No.) (City/Town)

\_\_\_\_\_  
(Province) (Postal Code) Telephone E-mail Address

Gender: Male [ ] Female [ ] Medicare Number (NB): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Mother Tongue: English [ ] French [ ] Other [ ]
(year) (month) (day)

Grade you will be entering in September: \_\_\_\_\_

Person to contact in event of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If unable to reach the emergency contact, we will seek proper medical attention. A first aid kit is on site for minor incidences (Band-Aids, etc.)

Please be advised that your child(ren) may be photographed or videotaped for marketing purposes; if you have any concerns, please notify us.

Please list any serious medical concerns, allergies, or conditions that we should be aware of including any physical or emotional concerns.

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

Does your child(ren) carry an epi-pen? YES [ ] NO [ ] If yes, where: \_\_\_\_\_

Cancellation policy:

- a. If 2 days or more before the date of the camp, a full refund will apply.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*REGISTRATION MUST BE PAID IN FULL BEFORE CAMP\*\*\*