

## Family Kin 2010 Registration Form

**CAMPER INFORMATION: (print clearly)**

Name: \_\_\_\_\_ Male Female  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Date of Birth (mm/dd/yy): \_\_\_\_\_  
 Email (parent/guardian): \_\_\_\_\_

**PARENTS/GUARDIANS: (used as emergency contact information)**

Primary Contact:  
 First & Last Name: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Secondary Contact:  
 First & Last Name: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Other Emergency contact (neighbor, grandparent, aunt, uncle, etc.)  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Alternate Pickup authorization:  
 In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Fees:**

Program Fee: \$332.00 + HST  
 Family Discount (siblings only):  
 Second Child at \$20.00 discount  
 Third Child at \$30.00 discount  
 Sleepwear: \$20.00 + HST

**Calculation:**

Program Fee: \$ 332.00  
 Sleepwear: \$ \_\_\_\_\_  
 Family Discount: \$ \_\_\_\_\_  
 Subtotal: \$ \_\_\_\_\_  
 Plus HST (13%): \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

**Payment:**

How are you paying? Cash Cheque Credit Card\* Money Order  
 \*For credit card payment: Please charge \$ \_\_\_\_\_ to my:  
Visa Master Card American Express  
 Card # \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Name on Card (Required): \_\_\_\_\_  
 Signature of Card Holder: \_\_\_\_\_

Amount enclosed (\$150.00 minimum required): \$ \_\_\_\_\_  
 Balance due: \$ \_\_\_\_\_

**For Office Use Only:**

Date Rec'd \_\_\_\_\_ Acceptance Letter \_\_\_\_\_ Act \_\_\_\_\_  
 Amount Paid \_\_\_\_\_ Amount Due \_\_\_\_\_ Week \_\_\_\_\_

**To register:**

- ✓ Please include completed registration form.
- ✓ Deposit of \$150.00 or full payment (cheque, money order, Visa, Master Card or American Express all accepted) required with registration form.
- ✓ Second payment covering balance dated no later than June 1, 2010. (please include camper's name with payment)
- ✓ We are happy to accept registrations by mail, email\* or fax\*:

**Family Kin**  
**5804 Route 102**  
**Prince William, NB**  
**E6K 0A5**  
**Fax: (506)363-4989**  
[krista.rae@gnb.ca](mailto:krista.rae@gnb.ca)  
 \*(Credit Card Only)

When Kings Landing has received your completed registration form and deposit, an acceptance letter will be sent to you (by email unless not available).  
**Please note that email & fax registrations are only accepted with payment by credit card.**

**Family Kin weeks offered:**

(Mark with first & second choice.)

- August 16-20  
 August 23-27

From the following lists, mark your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice of apprenticeship.

**Young Ladies:**

- Spinner/Weaver  
 Fancy stitching and crafts  
 Homemaker (including fireplace cooking)

**Young Gentlemen:**

- Blacksmith/Farmer  
 Printer/Farmer  
 Carpenter/Sawyer

**Sleepwear:**

All campers must have appropriate 19<sup>th</sup> century sleepwear. Kings Landing has sleepwear available to purchase.

Please indicate size required (if applicable)

- Female:  Small  Medium  Large  
 Male:  Small  Medium  Large

**Cancellation Policy:**

In the event of cancellation, the deposit of \$150.00 is considered a processing fee and will not be refunded. There will be no refund for cancellations made within 30 days of the first day of camp applied for, unless the cancellation request is accompanied by a physician's letter.

**Refund Policy:**

There is no refund once camp starts. No refund will be made for dismissal due to disciplinary action, late arrival and early departure (i.e. homesickness). In the case of withdrawal from camp on physician's orders, a credit will be issued for the equivalent of the unused portion of the camp term.

**MEDICAL INFORMATION: (to be filled out by parent/guardian)**

All campers are required to have health insurance  
 Medicare # \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Last Tetanus Shot: \_\_\_\_\_

Allergies:  Penicillin  Hay Fever  Insect Stings  Food  
 Asthma  Sleepwalking  Ear Aches  
 Nosebleeds  ADD/ADHD  
 Other (please specify)

If any of the above are checked, please include specific instructions for the care of your child while at camp. Use a separate paper if necessary.

Please include any other information regarding any other concerns (physical, diet, learning, emotional, etc.) Use a separate paper if necessary.

If prescribed medications are required at camp, please complete the following:

- o Name of Drug(s): \_\_\_\_\_
- o Condition(s) prescribed for: \_\_\_\_\_
- o Dosage required/times: \_\_\_\_\_

Note that medications must come in original packaging from pharmacy.

Over the counter medications (dosages as directed by package unless otherwise indicated by parent/guardian) will be used at the discretion of the camp coordinator/designate for the following symptoms: colds, coughs, congestion, pain, headaches, fever, stomach upsets, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes, burns; unless otherwise indicated by parent/guardian.

Are there any over the counter drugs that should NOT be administered?  Yes  No  
 If yes, please list: \_\_\_\_\_

**Conditions of Enrollment:**

- The parent(s)/guardian(s) submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Kings Landing.
- While every precaution shall be taken to ensure the good welfare and protection of the camper, Kings Landing, its management and employees are hereby released of any and all liability in the event of any accident or misfortune that may occur to the applicant.
- Kings Landing reserves the right to send campers home for behavior that is inappropriate and/or which is deemed to be a hazard to the safety and rights of others, at the cost of parent(s)/guardian(s), and without refund.
- The signature of the parent/guardian on this application shall give the Management of Kings Landing Historical Settlement the right to arrange for any special services or other requirements necessary for the camper's welfare and good health including ordering injection, anesthesia or surgery. In such a situation, Kings Landing will attempt to notify the parent(s)/guardian(s) as soon as possible. The parent(s)/guardian(s) are responsible for any additional expense that may result from such services.
- As a major tourist attraction, Kings Landing requires a photographic release for all moving and still images of your child taken by visitors, staff or professionals for either personal or corporate use. The signature of the parent/guardian on this application shall release Kings Landing Corporation from any payment or liability in the use of your child's image in any form of promotion as determined by the management of the Corporation.

Parent/Guardian Signature (one only): \_\_\_\_\_ Date: \_\_\_\_\_

The above signature certifies acceptance of all conditions herein. Registrations will not be accepted without the above signature.

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