

CAMPER INFORMATION *(print clearly)*

New Camper Returning Camper
 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*:

Visiting Cousins
5804 Route 102
Prince William, NB
E6K 0A5
Fax: (506)363-4989
school@kingslandi.ng.nb.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.

Visiting Cousins weeks offered:

(Mark with first, second and third choice of weeks.)

- June 28-July 2
- July 5-9
- July 12-16
- July 19-23
- July 26-30
- August 2-6
- August 9-13

Sleepwear:

All campers must have appropriate 19th 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.

For Office Use Only:

Date Rec'd _____ Acceptance Letter _____ Act _____
 Amount Paid _____ Amount Due _____ Week _____