



Sign Me Up For Exciting Summer Fun.

RESET FORM

TUITION INFORMATION: \$189

\$239 ALL-STAR WEEK

THREE EASY WAYS TO REGISTER: 1. By email 2. By mail 3. By fax



CHILD

First..... Middle..... Last.....

School Name Grade..... Birth Date DAY / MONTH / YEAR Age (as of June 30, 2021).....

Street Address

Town/City Prov..... Postal code Child's Home Phone

PARENT/GUARDIAN - CONTACT INFORMATION

PARENT/GUARDIAN #1

First..... Last..... Ms. Mrs. Mr. Other

Street Address

Town/City Prov..... Postal code Home Phone

Work Phone Cell Phone..... E-mail

Occupation Employer

PARENT/GUARDIAN #2

First..... Last..... Ms. Mrs. Mr. Other

Street Address

Town/City Prov..... Postal code Home Phone

Work Phone Cell Phone..... E-mail

Occupation Employer

Child Lives With: Person Responsible For Payment

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

EMERGENCY CONTACT #1

First Name..... Last Name Home Phone.....

Work Phone Cell Phone Email

Relation To Child

EMERGENCY CONTACT #2

First Name..... Last Name Home Phone.....

Work Phone Cell Phone Email

Relation To Child

Please List Those People Including In Addition To Parents/Guardians Who Are Permitted To Pick Up Your Child:

1: 2: 3:

RESET FORM

MEDICAL RELEASE INFORMATION

INSURANCE INFORMATION

Policy Number Health Insurance Provider..... Primary Physician.....

Address Phone.....

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Table with 3 columns: Medical Problem, Required Treatment, and Should Paramedic Be Called? (Yes/No checkboxes).

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes [] No [] If Yes, Explain:.....

Is your child allergic to any type of food or medication?

Yes [] No [] If Yes, Explain:.....

Does your child require a special diet?

Yes [] No [] If Yes, Explain:.....

THE PURPOSE OF THE ABOVE LISTED INFORMATION IS TO ENSURE THAT MEDICAL PERSONNEL HAVE DETAILS OF ANY MEDICAL PROBLEM WHICH MAY INTERFERE WITH OR ALTER TREATMENT.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials

I understand that Rainbow Stage nor Camp Rainbow will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials

List any dance, theatre or music experience:

.....

Swimming level:

T-shirt Size (circle one): Youth Sm [] Youth Med [] Youth Lg [] Adult Sm [] Adult Med [] Adult Lg []

[] Yes, I would like to receive Rainbow Stage News and important updates from the theatre.

PLEASE INDICATE HOW YOU HEARD ABOUT CAMP RAINBOW

Social Media [] Website [] School [] Word of Mouth [] Flyer [] Other.....

RESET FORM

TERMS OF AGREEMENT

PHOTO RELEASE

I hereby give permission for my child to be photos and videos during Camp Rainbow. I understand the photos and videos will be used to keep a journal of activities, to share during power point presentations and/ or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos and videos are the property of Rainbow Stage and Camp Rainbow.

Parent's/Guardian's Initials

Rainbow Stage and Camp Rainbow co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

I hereby waiver, release and hold harmless Rainbow Stage (1993) Inc and its directors, officers, employees, agents, successors and assigns (together, Rainbow Stage) and The City of Winnipeg and its elected representatives, officers, employees, agents, successors and assigns from and against all claims, actions, demands, costs and expenses whether in contract, negligence, tort or statue of any kind, with respect to death, injury, loss, harassment or damage to the person or the property of my child or to my person or property, howsoever caused, arising out of or in connection with my child's participation with Rainbow Stage.

Guardian Signature:

Date:

Printed Name of Parent/Guardian:

CAMP RAINBOW IS AN INCLUSIVE ENVIRONMENT.

Respect for others and good behavior are essential to a good experience. The Camp is geared for 9-14 year olds, exceptions may be made if there is space availability. There are a maximum of 20 spaces per camp week available.

CAMP RAINBOW REFUND AND CANCELLATION POLICY.

- Cancellation up to (30) days prior to start of the program for a 50% refund of the program fee
• No refunds will be given for cancellations with less than 30 day's notice
• If Rainbow Stage is unable to offer Camp Rainbow due to provincial restrictions, you will receive a 100% refund.
• Please see our website for up to date protocols.

Initialed Read:.....

CHECK OFF THE CAMP WEEKS YOU'D LIKE TO REGISTER FOR:

- July 12-16 (ages 9-12) August 2-6 (ages 11-14)
July 19-23 (ages 11-14) August 9-13 (ages 9-12)
July 26-30 (ages 9-12) August 16-20 (All Star, ages 9-14)
All-Star application form required

CAMP WEEK TUITION: \$189 PER WEEK
ALL-STAR WEEK: \$239

PAYMENT:

Camp Week Tuition: \$.....

Please consider a donation to Rainbow Stage's Education and Outreach Programming! \$.....

(TAX RECEIPT PROVIDED FOR DONATION AMOUNTS OVER \$20)
CHARITY #: 13546 7777 RR0001

GRAND TOTAL \$.....

METHOD OF PAYMENT:

- Cheque Cash Visa MasterCard

Credit Card #

Expiry Date:

Signature:



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