

CAMP REGISTRATION

Please submit form via email to Avila.Lotoski@hotmail.com

Please complete one registration form per camper.

CAMPER INFORMATION

Camper

Name: _____ Age (in June 2026): _____

Birth Date (DD/MM/YYYY): _____ Health Card Number: _____

Parent/Guardian 1

Name: _____ Relationship to Camper: _____

Full Address: _____

Email Address: _____ Work Email Address: _____

Please list all phone numbers AND check preferred contact number below:

Home: _____ Cell: _____ Work: _____

Parent/Guardian 2

Name: _____ Relationship to Camper: _____

Full Address: _____

Email Address: _____ Work Email Address: _____

Please list all phone numbers AND check preferred contact number below:

Home: _____ Cell: _____ Work: _____

Nanny

Name: _____ Cell: _____

Emergency Contact (different from above parents/guardians)

Name: _____ Relationship to Camper: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Doctor

Name: _____ Phone Number: _____

Please list medically confirmed allergies. If camper has an **anaphylactic allergy**, please fill out the **Anaphylaxis Emergency Plan** at the end of this document and send a picture (jpeg) of the camper.

Please list and describe any relevant health concerns below.

Please list medications that will be taken during camp hours.

Medication	Dose	Route	Time(s)	Reason	Special Instructions
<i>Ex. EpiPen, Salbutamol</i>	<i>Ex. 2 puffs inhaler, 1.5 mg pill</i>	<i>Ex. By mouth, ear, etc.</i>	<i>Ex. As needed, 8 a.m.</i>	<i>Ex. Asthma, ADHD</i>	<i>Ex. Crushed, with apple sauce</i>

PERMISSIONS

Permission is hereby granted to Avila Lotoski to transport my child to a local doctor or hospital for medical treatment if necessary. I agree to release, discharge, to indemnify and save harmless Avila Lotoski from and against all claims or proceedings in respect of any costs, losses, damage, or injury. By registering in Sound Garden Music Camp, or Sound Catchers Music Camp, or Sound Painting Music Camp I agree to medical attention and accept inherent risks associated with this program.

Camper Signature

Date

Parent Signature

Date

CODE of CONDUCT

All camp members are expected to treat all other people, creatures, and the built and natural environment around them with respect and care. All camp members will follow instructions of the camp leader. If any camp member behaves with excessively disruptive, disrespectful, or dangerous behaviour, they will be sent home immediately and cannot return to camp. No refund will be given for the uncompleted remainder of the session.

SESSION SELECTION

Check off your session selection:

June 22 – 26

June 29 – July 3

July 6 – 10

July 13 – 17

July 20 - 24

July 27 - 31

August 3 - 7 August 10 - 14 August 17 - 21

CAMP SELECTION

Check off your camp selection:

SOUND GARDEN

Ages 5 – 7

Monday – Friday HALF DAY: MORNINGS 8:00 a.m. – 12:00 p.m.
 FULL DAY 8:00 a.m. – 4:00 p.m.

SOUND CATCHERS

Ages 8+

Monday – Friday FULL DAY 8:30 a.m. – 4:30 p.m.

SOUND PAINTING

Ages 12+

Monday – Friday HALF DAY: AFTERNOONS 12:30 p.m. – 4:30 p.m.

COST

\$50.00 non-refundable deposit due at time of registration.

HALF DAY \$300.00 per person, per session.

FULL DAY \$500.00 per person, per session.

Discounts (check all that apply):

Early Bird Discount

\$25.00 off If registration is **received before** March 1.

Group Registration Discount (choose one)

Companion(s): First and Last names:

\$25.00 off If you register with one companion 1. _____
 \$50.00 off If you register with two companions 2. _____
 \$75.00 off If you register with three companions 3. _____

PAYMENT

Payment may be made by e-transfer to Avila.Lotoski@hotmail.com or by cheque made out to Avila Lotoski.

Option 1: Payment in full at time of registration.

Option 2: Deposit of \$50.00 at time of registration and remainder due one week before your session.

I have read and understand and agree to all information in the **Camp Information** document and **Camp Registration Form**.

Camper Signature

Date

Parent Signature

Date

ANAPHYLAXIS EMERGENCY PLAN Name: _____



This person has a potentially life-threatening allergy (anaphylaxis) to:

Food(s): _____

Insect stings
 Other: _____

Epinephrine Auto-Injector: Expiry Date: _____/_____/_____

Dosage: EpiPen Jr 0.15 mg EpiPen 0.3 mg
 ALLERJECT 0.15 mg ALLERJECT 0.3 mg

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction:** Person is at greater risk.
- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

Give epinephrine auto-injector (e.g. EpiPen, ALLERJECT) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)

Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.

Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).

Call emergency contact person (e.g. parent, guardian).

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Parent/Guardian Signature

Date

Physician Signature

Date