

**Waterford Old Town Hall
Messy Makers Camp July 8th-12th
REGISTRATION and CONSENT FORM**

July 8 July 9 July 10 July 11 July 12 Full Week

Name of Student: _____

Date of Birth: _____ Age: _____

Parent(s)/Guardian(s): _____

Address: _____

Tel. No.: (home) _____ work: _____

cell: _____ E-mail: _____

My child's interest, gift, or talent (or what I'd like to see nurtured in them): _____

Medical Conditions & medication(s): _____

Allergies (eg food, bees, medications, etc.): _____

Emergency Contact (name & tel. no.): _____

**Registration Fee: \$160 for the week or \$40 for the day
Mon. July 8-Fri. July 12 | 10 a.m. - 4 p.m.**

**Paid \$ _____ by Cash; OR Cheque # _____; OR E-Transfer
No refunds. Make cheques payable to: **Town Hall Kids****

I consent to my child's participation in the Old Town Hall's classes and activities, on and off premises of the Old Town Hall. I agree that, having taken the necessary precautions, the Old Town Hall and its staff will not be held responsible for any sickness or accident to my child. In the event that my child requires medical attention, I consent to him/her being transported to the nearest emergency centre, by private vehicle or ambulance if necessary, and accept that I am responsible for any costs incurred.

I release Old Town Hall to take photos of my child/ren, which may be used to represent and publicize programs that happen at the Hall. Yes No

Dated this _____ day of _____, 2024.

Parent/Guardian Signature

**Waterford Old Town Hall
Naturally Creative Camp July 15th-19th
REGISTRATION and CONSENT FORM**

July 15 July 16 July 17 July 18 July 19 Full Week

Name of Student: _____

Date of Birth: _____ Age: _____

Parent(s)/Guardian(s): _____

Address: _____

Tel. No.: (home) _____ work: _____

cell: _____ E-mail: _____

My child's interest, gift, or talent (or what I'd like to see nurtured in them): _____

Medical Conditions & medication(s): _____

Allergies (eg food, bees, medications, etc.): _____

Emergency Contact (name & tel. no.): _____

**Registration Fee: \$160 for the week or \$40 for the day
Mon. July 15-Fri. July 19 | 10 a.m. - 4 p.m.**

**Paid \$ _____ by Cash; OR Cheque # _____; OR E-Transfer
No refunds. Make cheques payable to: **Town Hall Kids****

I consent to my child's participation in the Old Town Hall's classes and activities, on and off premises of the Old Town Hall. I agree that, having taken the necessary precautions, the Old Town Hall and its staff will not be held responsible for any sickness or accident to my child. In the event that my child requires medical attention, I consent to him/her being transported to the nearest emergency centre, by private vehicle or ambulance if necessary, and accept that I am responsible for any costs incurred.

I release Old Town Hall to take photos of my child/ren, which may be used to represent and publicize programs that happen at the Hall. Yes No

Dated this _____ day of _____, 2024.

Parent/Guardian Signature

**Waterford Old Town Hall
Cultural Curiosity Camp July 22nd-26th
REGISTRATION and CONSENT FORM**

July 22 July 23 July 24 July 25 July 26 Full Week

Name of Student: _____

Date of Birth: _____ Age: _____

Parent(s)/Guardian(s): _____

Address: _____

Tel. No.: (home) _____ work: _____

cell: _____ E-mail: _____

My child's interest, gift, or talent (or what I'd like to see nurtured in them): _____

Medical Conditions & medication(s): _____

Allergies (eg food, bees, medications, etc.): _____

Emergency Contact (name & tel. no.): _____

**Registration Fee: \$160 for the week or \$40 for the day
Mon. July 22-Fri. July 26 | 10 a.m. - 4 p.m.**

**Paid \$ _____ by Cash; OR Cheque # _____; OR E-Transfer
No refunds. Make cheques payable to: **Town Hall Kids****

I consent to my child's participation in the Old Town Hall's classes and activities, on and off premises of the Old Town Hall. I agree that, having taken the necessary precautions, the Old Town Hall and its staff will not be held responsible for any sickness or accident to my child. In the event that my child requires medical attention, I consent to him/her being transported to the nearest emergency centre, by private vehicle or ambulance if necessary, and accept that I am responsible for any costs incurred.

I release Old Town Hall to take photos of my child/ren, which may be used to represent and publicize programs that happen at the Hall. Yes No

Dated this _____ day of _____, 2024.

Parent/Guardian Signature

**Waterford Old Town Hall
Theatre Arts Camp August 5-23, 2024
REGISTRATION and CONSENT FORM**

Name of Student: _____

Date of Birth: _____ Age: _____

Parent(s)/Guardian(s): _____

Address: _____

Tel. No.: (home) _____ work: _____

cell: _____ E-mail: _____

My child's interest, gift, or talent (or what I'd like to see nurtured in them): _____

Medical Conditions & medication(s): _____

Allergies (eg food, bees, medications, etc.): _____

Emergency Contact (name & tel. no.): _____

Registration Fee: \$475 for three weeks

Mon. Aug 5-Fri. Aug 23 | 10 a.m. - 4 p.m. August 23: Culminating Production at 7 pm - August 24: Matinee at 2 pm

Paid \$ _____ by Cash; OR Cheque # _____; OR E-Transfer

No refunds. Make cheques payable to: Town Hall Kids

I consent to my child's participation in the Old Town Hall's classes and activities, on and off premises of the Old Town Hall. I agree that, having taken the necessary precautions, the Old Town Hall and its staff will not be held responsible for any sickness or accident to my child. In the event that my child requires medical attention, I consent to him/her being transported to the nearest emergency centre, by private vehicle or ambulance if necessary, and accept that I am responsible for any costs incurred.

I release Old Town Hall to take photos of my child/ren, which may be used to represent and publicize programs that happen at the Hall. Yes No

Dated this _____ day of _____, 2024.

Parent/Guardian Signature