



**Samba Kidz Summer 2010  
Program Registration Form**

**Monday July 5<sup>th</sup>, 2010 – Friday August 6<sup>th</sup>, 2010 9:00am-4:00pm**

**1 Child: \$1,000.00**  **Each Additional Child Per Family: \$500.00**

**\*\* Financial Assistance is Available Upon Request**

**SAMBA KIDZ PARTICIPANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**SAMBA KIDZ' PARENT/GUARDIAN INFORMATION**

Parent 1: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent 2: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACTS**

In the event that the parents/guardians cannot be reached, DAC staff will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; or 3) give advice about caring for your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

If my child's emergency contacts listed above, or the physician listed below, cannot be reached in an emergency, I authorize DACC employees or legal representatives to obtain emergency medical care for my child while under DACC's care including transporting or sending my child to an available hospital or physician.

**HEALTH AND MEDICAL INFORMATION**

If your child has medical, behavioural, or social consideration, it is important for you to let us know. We want to work together with you to provide your child with the safest and most successful program possible.

**Medical Information:** It is the responsibility of parents/guardians to administer medication to their children. Treatment regimes should, where possible, be adjusted to avoid administration of medication during session hours. When this is not possible, parents may request assistance of DAC. Children should be encouraged to accept the maximum responsibility for the self-administration of medication.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last diphtheria/tetanus shot: \_\_\_\_\_

Does your child have life threatening allergies?  Yes  No

If yes, allergic to: \_\_\_\_\_

Possible symptoms? \_\_\_\_\_

What are the warning signs? \_\_\_\_\_

Is your child presently taking medication(s)?  Yes  No

If yes, list medications: \_\_\_\_\_



Do you anticipate your child requiring the medications during the two-week session?  Yes  No

Storage cautions, if any: \_\_\_\_\_

Dosage and time to be administered during program hours: \_\_\_\_\_

Duration of medication regime: \_\_\_\_\_

Cautions or notable side effects: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

### ACTION EMERGENCY PLAN

- Use Epi Pen immediately
- Use inhaler (e.g. ventolin)
- Designate someone to call an ambulance and advise the dispatcher that a child is having an anaphylactic reaction (a severe life-threatening allergic reaction).
- Call parent
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing) or child is unconscious, give a second medication.
- The child must be taken to a hospital immediately, even if symptoms subside entirely.
- Send an additional application of medication (if available) with the ambulance driver.
- Yes  No I will supply my child with an Epi Pen for administration A.S.A.P. when an allergic reaction happens, I will supply another Epi Pen and "fanny pack" so that my child can carry it with him/her at all times.

Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is the parent's/guardian's responsibility to check with the staff to see if a second Epi Pen has arrived, if not then the parent/guardian will personally bring it to DAC's studio location. The first Epi Pen will be kept in the studio's office and the second Epi Pen will be administered in the event that the child hasn't reached medical attention within 15 minutes of the first Epi Pen administration and breathing problems persist.

**It is acknowledged that Drum Artz Canada, its agents or staff shall not be responsible for the administration of such medication.**

At all times it remains the responsibility of the parent to ensure that clear instructions from a medical practitioner relating to the use of the medication are provided. Parents and their children are fully responsible in ensuring that the medication is taken as required.

**DAC assumes no liability unless caused by willful negligence or misconduct of DAC staff. DAC agrees to use reasonable care and diligence in the administration of the procedures identified for the child. Parent(s)/Guardians and child(ren) acknowledge that DAC staff are not medically trained. At all times it remains the responsibility of the parents to ensure that clear instructions and current doctor's orders are provided.**

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CONDITIONS OF REGISTRATION

I/we agree to allow my/our child to participate in all Samba Kidz activities and in any supervised trips to places not on DAC property. I/we hereby apply for registration for the herein named child for the program indicated in this application. In consideration of acceptance of this application by DAC, I/we hereby agree:

- a) that DAC serves the right to terminate the registration of any child when it is deemed by the Directors to be in the best interests of the child or DAC.
- b) that no verbal registrations can be accepted.
- c) that each application must be completed in full and signed by a parent/guardian in the appropriate places.
- d) to ensure that the child's Health History Form is filled out in full and that the completed form, along with any medications, accompanies the child to Samba Kidz on or before opening day.
- e) to give program officials authority to act on my behalf in the event of an emergency and/or special medical treatment.
- f) to pay for the costs of any necessary prescription drugs and/or special medical treatment.
- g) that I have read the conditions of registration.
- h) to release and indemnify Drum Artz Canada from any and all claims for losses of articles and damages arising as a result of any accident, injury, loss, or otherwise sustained by the herein named child arising from participation in any activities.
- i) to consent to the use by DAC of the child's likeness for publicity purposes.
- j) that I/we are the custodial parents of the herein named child.
- k) that the relationship and the resolution of any and all disputes arising from my experiences with DAC including but not limited to DAC staff, their agents, delegates, employees, shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.
- l) that the courts for the Province of Ontario shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding, or cause of action whatsoever arising from my experiences with DAC including but not limited to treatment given to me any such legal proceeding, that I will do so only in the Province of Ontario.
- m) **that fees are subject to the following cancellation policy: there will be a cancellation fee of \$50.00 prior to July 5, 2010 and a \$200.00 cancellation fee during the week of July 5, 2010. Cancellations made on or after the Monday of each week, and children who for whatever reason stay for less than the number of weeks registered for, will be charged the full rate of \$200.00/week.**
- n) that special considerations for refunds submitted in writing will be considered during the month of August following the Samba Kidz Summer program.
- o) that fee reductions will not be made for child(ren) arriving late, leaving early, or missing part of the Samba Kidz session.
- p) **that I have read the condition of registration and have enclosed the deposit for each application to be applied to the child's account and that the balance including all taxes will be paid in full by July 5, 2010.**
- q) to make all payments required in accordance with the rate schedule in effect on the date of registration, and to abide by the conditions of enrollment and the refund policy herein.
- r) **that 2% interest per month will be charged on unpaid balances after July 16, 2009 and that NSF cheques are subject to a \$30 service charge and will require certified funds.**

**This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheque or cash) before it can be considered for acceptance.**



Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_