



Gateway Resources Summer Day Camp 2025

Registration Form

Child information			
Name:	Birthday (day/month/year)	Age at camp:	Gender: male / female
Address:		City:	Postal Code:
Camper's swim level (please circle): non-swimmer beginner average			
Health Card #		PHIN:	
Emergency Contact:		Phone #	

Parent 1/Primary contact		Parent 2/Secondary Contact	
Name:		Name:	
Work phone:	Cell phone:	Work phone:	Cell phone:
Email:			

Who is authorized to pick up your child? (List any possible people to pick up in addition to Parent 1 & 2		
Name:	Home phone:	Work/cell phone:
Name:	Home phone:	Work/cell phone:

Medical information
Please list any allergies your child has and the severity of the allergy, if applicable:
Please list any medical or dietary conditions we should be aware of:
Please list any medications that your child requires while at summer camp:
Does your child require additional support staff due to special needs? If so, please specify.

Camp fees:

Please note: Session fees will cover each session's events, including field trips, admission fees and any other costs relating to activities planned.

A \$45 dollar deposit prior with your registration is required to reserve a spot.

Full week (5 days): \$95.00

Payment can be made with cash or cheque or card. Cheques can be made out to "Gateway Resources Inc" with the memo line "Summer Day Camp"

Payment can be included with the registration form or given on the first day of the chosen session. Payment will need to be included in full before participating in the desired summer day camp session. Drop off and pick-up location at Gateway Resources Gazebo, 9:00am-4:00pm. Please notify Gateway Resources, by contacting Chelsey Lincoln, Community Learning Manager (204-325-7304, ext. 261; communitylearningmanager@gatewayresourcesin.com) if requesting a different drop-off/pick-up time within the hours of the summer day camp.

Please check	Week	Session date	Camp program	Camp fee	Payment received (for office use only)
	1	July 14-18,2025	Lego	\$95.00	
	2	July 28, Aug1,2025	Art	\$95.00	
	3	Aug 11-15,2025	Nature's Adventures	\$95.00	
	4	Aug 25-29,2025	Science	\$95.00	
Total:					

Cancellation/withdrawal policy

All cancellation requests must go directly through Chelsey Lincoln, Community Learning Manager, for approval. Cancellations to be received and approved a minimum of five (5) business days before the affected session. Cancellations requested after this time may require a medical certificate. Gateway Resources reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified, and options for a refund or transfer to another program will be discussed at that time.

Authorization

I, the undersigned, in the event of an accident or illness affecting the child indicated on this form, authorize all procedures, including admission to the hospital and necessary treatment herein, as deemed essential for the care and wellbeing of said child. Such action will only be taken when immediate contact with the undersigned or other indicated authorized contacts cannot be made. Please authorize the below items by initialing in the space provided:

1. The Cancellation/Withdrawal policy _____
2. The Drop off/Pick Up times and information _____
3. I authorize my child to participate in all programs provided _____

I have read, understand and initialed the above items.

Signature of Parent Guardian: _____

Date signed: _____



Release and Waiver Agreement

1. Participants enrolled/registered in the Gateway Resources Summer Day Camp program at Gateway Resources must, at all times, abide by the guidelines and regulations set forth by the program. Gateway Resources will not be held responsible for injuries, accidents, sickness, or loss of property, which may result from participation in the program.
2. In consideration to Gateway Resources allowing the participant to use the facilities involved within the program, I hereby acknowledge that the participant and I are aware of the risks that are associated with or related to the use of the facilities.

3. Recreational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. Following are examples of the types of injury which may result from participating in the Gateway Resources Summer Day Camp program:

- a. Subject to moderate physical activity such as sport and special events that may include equipment
- b. Subject to pool and water access

The risk of sustaining injuries results from the nature of the activity and can occur without fault of either the child, Gateway Resources Inc., its employees or the facility where the activity is taking place. By choosing to have your child take part in these activities, you are accepting the risk that your child may be injured and bear responsibility for the injury that may occur.

In consideration to the above, I hereby give my permission for _____ (registered child's name, please print), to participate in the Gateway Resources Summer Day Camp program. I agree to hold harmless Gateway Resources and/or its employees from any and all claims and actions arising as a result of his or her participation in the program.

Parent/Guardian Signature	Name (Please Print)	Date
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Photo & Video Consent and Release form

By signing below, you are consenting to the taking of photographs and/or video recordings of you/your child by the Gateway Resources staff for the purpose of using the photo or video portion for marketing, advertising, promotional, publicity, social media and/or communication purposes. They might also be used by news media in promoting Gateway Resources Summer Day Camp program and services.

Yes / No (Please circle one)

I have read and understand the registration liability release and photo/video consent form and agree to all terms and conditions.

Parent/Guardian Signature	Name (Please Print)	Date
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Authorization and Waiver to Transport Child

My child requires a booster seat: Yes / No

(Manitoba Provincial Law requires children to remain in booster seat until they are at least 4'9", 80lbs, or 9 years old)

I authorize Gateway Resources Inc to transport my minor child in a company Bus or Van, driven by an individual authorized by Gateway Resources Inc. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff.

I have read, understand, and discussed with my child:

1) My child will travel in a motor vehicle driven by a Summer Camp supervising staff and my child will wear their seat belt during their travel

2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.

3) Riding in a motor vehicle may result in personal injuries from collisions or acts by riders, other drivers or objects.

4) My child is to remain in their seat and not be disruptive of the driver of the vehicle.

I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity. I have read this entire waiver and authorization form. I fully understand its terms and conditions, and I agree to be legally bound to these terms.

Parent/Guardian Signature

Name (Please Print)

Date