



Summer Camp at The Rooms Registration Form

Get ready for a week of art, heritage, and fun at The Rooms! Campers get behind-the-scenes experiences with the museum and art galleries, exploring everything that makes our province unique.

1. SELECT A WEEK

**** Please understand that due to demand for camp seats, we are unable to make exceptions***

Grades K – 3

June 30 – July 4

July 7 - 11

July 21 – 25

August 4 – 8

August 18 – 22

Grades 4 – 6

July 14 – 18

August 11 – August 15

August 25 – August 29

2. PERSONAL INFORMATION

Camper Full Name:

Camper Pronouns:

Date of Birth (D/M/Y):

Grade Completed as of June, 2025

3. MEDICAL INFORMATION

MCP Number:

Allergies:

Does Camper require an Epi-pen?

YES

NO

Does Camper require an inhaler?

YES

NO

4. ADDITIONAL INFORMATION

Do you have additional information about the Camper that you would like us to know?

5. CONTACT INFORMATION

Parent / Guardian Information and Emergency Contacts

Parent/Guardian Name(s):

Rooms Membership Number (if applicable):

Contact Phone Number:

Work: Home: Cell:

Work: Home: Cell:

Email:

6. EMERGENCY CONTACT INFORMATION

Contact #1:

Name: Phone Number:

Contact #2:

Name: Phone Number:

Pick-Up and Drop Off Information Campers will only be released to parents/guardians listed above and the two adults listed below. A valid photo ID is required at pick-up.

Name:
Phone Number:
Relationship to Camper:

Name:
Phone Number:
Relationship to Camper:

7. DRESS / PICK-UP & DROP-OFF

Parents should be aware that campers will be getting messy in the art classroom and enjoying the outdoors. Stains and tears to clothing may happen. Please dress your child accordingly. The Rooms is not responsible for any cleaning, repair or replacement costs.

I understand

Drop-off is between **8:45 am – 9 am** and pick-up is between **4 pm and 4:30 pm**. Unfortunately, earlier drop-offs and later pick-ups cannot be accommodated.

I understand

Registrations are non-transferrable and non-refundable.

I understand

8. WAIVER

I permit The Rooms on my behalf to authorize all medical procedures including admission to hospital and treatment therein as they deem essential for the care and wellbeing of my child. I agree to accept financial responsibility in excess of health benefits allowed by the provincial health program and/or my medical insurance.

I consent to photography of my child during the camp for promotional or educational purposes as required by The Rooms.

I have ensured that all the information given is accurate and up-to-date and that if there are any changes to this information, it is my responsibility to inform The Rooms.

Signature:

Date:

Please submit registration forms to RoomsOrders@therooms.ca

Please submit camp inquiries to rebeccahowie@therooms.ca or joybarfoot@therooms.ca

Registration will be confirmed upon receipt of payment and registration form.