



Mail or drop the form to 61 Pippy Place, St John's, NL, A1B 4N1
Email the form to Wheeindoorplayground@gmail.com

Camper Information:

First Name: _____ MCP Number: _____
Last Name: _____ Address: _____
Gender: _____ City: _____
Birthday(dd/mm/yy): _____ Postal Code: _____

Indicate the week or weeks your child will be attending the Whee camp (Price per week \$195+ tax)

- Week 1 [July 2nd-July 5th, no camp on Canada Day] \$156+HST
- Week 2 [July 8th-July 12th]
- Week 3 [July 15th- July 19th]
- Week 4 [July 22nd -July 26th]
- Week 5 [July 29th- Aug 2nd]
- Week 6 [Aug 5th- Aug 9th, no camp on Regatta Day] \$156+HST
- Week 7 [Aug 12th - Aug 16th]
- Week 8 [Aug 19th- Aug 23rd]
- Week 9 [Aug 26th- Aug 30th]

Refund Policy

Cancellations made or requested 14 days prior to the start of the camp will be refunded the amount paid less a \$50 administration fee per child. No refund for cancellations made or requested less than 14 days prior to the start of the camp.

Parent 1/Guardian 1:

Full Name: _____ Home Phone: _____
Relationship to child: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Parent 2/Guardian 2:

Full Name: _____ Home Phone: _____
Relationship to child: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Emergency Contact Person: (other than parents/guardians)

Full Name: _____ Home Phone: _____
Relationship to child: _____ Cell Phone: _____
Address: _____ Work Phone: _____

I give permission for my child to participate in the full camp program and all activities unless I advise you otherwise in writing. I agree that having taken such precautions as in your discretion are deemed advisable, Whee Indoor Playground shall not be held responsible for any accident or sickness to my child, or for loss or damage to his/her personal property. I understand that pictures taken at camp may be used for promotion. I have read and understand the fee schedules, registration policy and refund policy of the Indoor Playground.

Signature: _____
Relationship to Child: _____
Date: _____



Immunization Record:

Is your child up to date on all immunizations? _____

Medical Record:

Does your child have allergies? If yes, please specify:

Please describe the reaction and treatment:

Does your child have special needs? If yes, please give details:

Is your child receiving medical treatment of any kind? (orthopedic, psychiatric, medication, etc.). If yes, please give details:

Authorization for consent for treatment:

Should a medical emergency arise whereby staff of the Whee Indoor Playground were unable to contact me, I the undersigned hereby authorize the staff of the Whee Indoor Playground to give consent for medical examination, diagnosis and treatment of _____ (name of child) until such time as I am notified.

Signature: _____

Relationship to Child: _____

Date: _____



Field Trip Permission

As part of our summer camp program, we will load on school buses to exploring the city and nature. We will hike and have water fun at Blowing Park, Bannerman Park, and/or Pippy Park if weather permits. Otherwise, we will move to The Rooms and/or Geo Center. Once a week, we will go swimming at Paul Reynold's or Aquarena. The detailed schedule will be sent out on the first day of camp.

Your child should bring the following supplies on the field trip:

- Water bottle
- Hat
- Sunscreen
- Extra cloth
- Swimming wear and towel on swimming day
- Sturdy Shoes for hiking

If your child has any special physical or medical problems (e.g. allergies), please bring this to our attention.

Field Trip Consent Form

Can your child swim? _____

Will your child require a life jacket? _____

If you choose for your child not to participate in swimming activities, please check box:

PLEASE NOTE: If your child does not participate in swimming activities they will either sit to the sidelines or can be picked up by a family member for the duration of the swim as indicated in our Policies and Procedures.

I permit my child to take part in the field trips described above. I have notified the Whee Indoor Playground of any physical or medical problems which might interfere with my child's participation in this activity.

Child Name: _____

Relation to the Child: _____

Signature: _____

Date: _____



Whee Indoor Playground Waiver Form

I am the parent/legal guardian of the child/children named below or I have obtained permission from the parent/guardian of the child/children named below to sign this agreement on their behalf. I give permission and accept full responsibility for the child's/children's use of the indoor playground facilities at Whee Indoor Playground by Jingxin Holding Inc. As a condition of the child's/children's use of the play area and by signing this form, I acknowledge and agree that:

1. I have read and understand the rules detailed at the entrance.
2. I will instruct the child/children under my care, that all applicable rules must be followed and that at all times and I understand the sole responsibility for his/her/their personal safety remains with me;
3. The operator(s)/employee(s) of Whee Indoor Playground have advised me of the proper use and possible hazards of the play area;
4. I understand it is not Whee Indoor Playground's purpose to teach safety before, during or after use of the play area;
5. I am solely responsible for the decision to allow the child/children under my care to use the play area; I am of legal age and mental competence to knowingly give this acknowledgement and release which shall legally bind me and the child/children under my care and as well as our personal representatives, executors, heirs, and assigns;
6. I understand that in order to promote safety of employees and patrons, as well as the security of the premises, Whee Indoor Playground may conduct video surveillance of any portion of the premises at anytime, except within the bathroom facilities. I further understand that Whee Indoor Playground reserves the right to use any footage for promotional purposes;
7. I will immediately remove the child/children under my care from participation, and notify the nearest Whee Indoor Playground operator/employee if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that the child/children under my care has experienced any deterioration in his/her/their physical, emotional or mental fitness for continued use of the play area;
8. I make an unqualified assumption of all risks associated with the use of Whee Indoor Playground's facilities by the child/children under my care even if arising from the negligence of Whee Indoor Playground, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures by Whee Indoor Playground's employee(s)/operator(s) and
9. I give a full and final release for any claims I have or may in the future have against Whee Indoor Playground, and its directors, officers, employees, guides and representatives, other participants from any and all liability for any loss, damage, injury or expense that the child/children under my care may suffer, or that his/her/their next of kin may suffer as a result of his/her/their use of or presence at the premises of Whee Indoor Playground, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the relevant occupiers liability act or any other relevant statutes; and
10. I acknowledge that I have read this agreement thoroughly. I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain substantial legal rights

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Child Name: _____

Signature: _____

Relationship to Child: _____

Date: _____