



110 North Street  
Goderich, ON N7A 2T8  
P. 519-524-2686  
www.huroncountymuseum.ca

### STEAM Power Day Camps 2024

Suggested for ages 5-10. Registration per week is \$150.00 (or \$130.00 for members). Each day starts at the Huron County Museum (110 North St., Goderich) at 9 a.m. Drop off available from 8:30. Pick up times are between 4:00 p.m. and 4:30 p.m. at the museum. Activities may happen offsite, including at the Huron Historic Gaol (181 Victoria St. N) and/or Victoria Park (80 Victoria St N).

SELECT which week(s) & indicate number of children attending

- Week of Aug. 12-16: Spy Games
- Number of Participants from my family:

Participant 1: \_\_\_\_\_ Age: \_\_\_\_

Dietary Restrictions & Medical information (ie allergies, accessibility needs):  
\_\_\_\_\_

Participant 2: \_\_\_\_\_ Age: \_\_\_\_

Dietary Restrictions & Medical information (ie allergies, accessibility needs):  
\_\_\_\_\_

Participant 3: \_\_\_\_\_ Age: \_\_\_\_

Dietary Restrictions & Medical information (ie allergies, accessibility needs):  
\_\_\_\_\_

Any Dates my child(ren) will NOT attend camp or will arrive after drop off/be picked up before pick-up time: \_\_\_\_\_

### Primary Parent or Guardian's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



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Email Address: \_\_\_\_\_

Alternate contact Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Emergency phone # for alternate contact: \_\_\_\_\_

Will the child(ren) be dropped off and pick up by you? YES \_\_\_ NO \_\_\_ (select or circle)

If NO, who will be picking up your child(ren)? \_\_\_\_\_

I consent that my child be photographed while participating in the Huron County Museum’s 2024 Day camp. I further authorize that the photograph(s) may be published for various purposes and in a variety of forms, including, but not limited to, social media, website, or print publications for promoting the program.

YES \_\_\_ or NO \_\_\_ (select or circle)

I have provided the Huron County Museum with all necessary medical information. I hereby authorize the operators of this program to secure medical care for my child in case of emergency.

I understand that the County of Huron will take all reasonable steps to provide care and safety for each child and acknowledge that the County of Huron, its officers, employees, agents and volunteers shall not be responsible for any injury, loss, damage or harm to any child and/or his/her property during the course of any activity which is part of the above program, including travelling to and from its facilities.

I understand that I may be required to pick up my child earlier than expected if the program leader determines that my child is acting in a manner that is disruptive to other participants.

Parent/Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>STAFF USE</b>	Date Registered: _____	Registered by: _____
# of Participants _____	# of weeks: _____	<u>Members</u> YES or NO Total Cost: _____
Payment Received in <u>full?</u> : _____	Method of Payment: _____	Date Paid _____