

# VISITING COUSINS PROGRAM DETAILS

# KINGS LANDING

When Kings Landing has received your completed registration form and full payment, an acceptance letter will be sent to you within 5 business days (by email unless not available).

## Visiting Cousin Information:

New Visiting Cousin      Returning Visiting Cousin

Name: \_\_\_\_\_ Male      Female

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Email (parent/guardian): \_\_\_\_\_

Attending with another Participant?      Yes      No

If yes please list name of other Participant: \_\_\_\_\_

## PARENTS/GUARDIANS: (used as emergency contact information)

Mother/Guardian:

Father/Guardian:

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Secondary Contact:

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

Relationship to participant: \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**Alternate Pickup authorization:**

In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

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

Phone: \_\_\_\_\_

**Visiting Cousins weeks offered (indicate first, second and third choice):**

\_\_\_ June 25-29 \_\_\_ July 2-6 \_\_\_ July 9-13 \_\_\_ July 16-20 \_\_\_ July 23-27

\_\_\_ July 30-August 3 \_\_\_ August 6-10

**Sleepwear:**

All Visiting Cousins are required to have appropriate 19th-century sleepwear. Kings Landing has sleepwear available to purchase for \$25 + HST.

**Fee Information:**

Program fee (Includes meals, snacks, and costume rental)	\$400.00
19th-century style sleepwear (see sleepwear requirements above)	\$25.00
Family discount for 2nd child	-\$20.00
Family discount for 3rd child	-\$30.00

**Fee Calculation:**

Program Fee:	\$400.00
Sleepwear (If applicable):	_____
Family Discount (If applicable):	_____
Subtotal:	_____
HST (15%):	_____
Total:	_____

Name of Adult to be Printed on the Receipt: \_\_\_\_\_  
(Address of Participant will be used unless otherwise instructed.)

**Payment:**

Full payment is required at the time of registration. If your child cancels prior to 30 days before their expected arrival, \$150 will be retained as a processing fee and the remainder will be refunded. There are no refunds within 30 days of your child's expected arrival.

**Method of Payment:**

Cash

Cheque

Visa

Mastercard

For credit card payments: Please charge \$\_\_\_\_\_

Card #: \_\_\_\_\_

Expiry: \_\_\_\_\_ CVC: \_\_\_\_\_ (3 digit number on the back of your card)

Name on Card (Required): \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

*\*If you are filling this form out electronically and unable to sign digitally, a signature will be required at registration.*

**Medical Information: (to be filled out by parent/guardian)**

*All participants are required to have health insurance*

Medicare #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name: \_\_\_\_\_ (as shown on card)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**Allergies:**

Penicillin

Hay Fever

Insect Stings

Food

Asthma

**Other Conditions:**

Ear Aches

Nosebleeds

ADD/ADHD

Sleepwalking

Other (please specify): \_\_\_\_\_

If any of the above are checked, please include specific instructions for the care of your child while at camp.

**Medications:**

Prescribed and over the counter medications will be stored in a locked medication box, away from participants. We follow strict procedures to ensure the safety of the entire group, including being sure children with medications receive them at the prescribed times.

If prescribed medications are required while visiting Kings Landing, please be prepared to list the following upon arrival: name of drug(s), condition(s) prescribed for and dosage/times required. (Note that medications must come in original packaging from pharmacy.)

Over the counter medications (dosages as directed by package unless otherwise indicated by parent/guardian) will be used at the discretion of the Manager of Visitor Experience/designate for the following symptoms: colds, coughs, congestion, pain, headaches, fever, stomach upsets, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes, burns; unless otherwise indicated by parent/guardian.

**Are there any over the counter drugs that should NOT be administered?      Yes      No**

If yes, please list:

**Required Pre-visit Information:**

*Please fill in the following to help us be prepared for your child's visit. If you have questions or concerns contact Karen Price, Administrative Assistant. (Contact information below)*

Measurements for costume rental and/or sleepwear order:  
Height: \_\_\_\_\_ Waist: \_\_\_\_\_ Chest/Bust: \_\_\_\_\_

Any information regarding concerns (physical, diet, learning, emotional, etc.):

\*Use separate paper if necessary.

**Conditions of Enrolment:**

I, the Parent/Guardian of the Participant applying for Visiting Cousins with this registration form, have read and agree to the Conditions of Enrollment included with this form. If you are filling this form out electronically and unable to sign digitally, a signature will be required at registration.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

The above signature certifies acceptance of all conditions listed in the Conditions of Enrolment for Visiting Cousins/Family Kin at Kings Landing included with this registration.

We are happy to accept registrations by mail, email, or fax

Visiting Cousins                      Fax: 506-363-4989  
5804 Route 102                      Phone: 506-363-4971  
Prince William, NB                Email: karen.price2@gnb.ca  
E6K 0A5

**Would you like to sign up for email updates be the first to know about Kings Landing's summer camp programs?**

Yes! Please inform me about Kings Landing's summer camp programs via email.

I am already subscribed to Kings Landing's summer camp email list.

No. I would not like to be informed about Kings Landing's summer camp programs via email.

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

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

# Visiting Cousins/Family Kin 2018

Following is a copy of Kings Landing's Conditions of Enrollment for Visiting Cousins/Family Kin 2018. Parent(s)/Guardian(s), please read carefully and sign the appropriate line on the registration form.

**This page is yours to keep for your records and is not to be returned with your child's registration form.**

Conditions of Enrollment for Visiting Cousins at Kings Landing:

- The parent(s)/guardian(s) submitting the registration form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Kings Landing.
- While every precaution shall be taken to ensure the good welfare and protection of the camper, Kings Landing, its management and employees are hereby released of any and all liability in the event of any accident or misfortune that may occur to the applicant.
- Kings Landing reserves the right to send campers home for behavior that is inappropriate and/or which is deemed to be a hazard to the safety and rights of others, at the cost of parent(s)/guardian(s), and without refund.
- The signature of the parent/guardian on the registration form shall give the Management of Kings Landing the right to arrange for any special services or other requirements necessary for the camper's welfare and good health including ordering injection, anesthesia or surgery. In such a situation, Kings Landing will attempt to notify the parent(s)/guardian(s) as soon as possible. The parent(s)/guardian(s) are responsible for any additional expense that may result from such services.
- As a major tourist attraction, Kings Landing requires a photographic release for all moving and still images of your child taken by visitors, staff or professionals for either personal or corporate use. The signature of the parent/guardian on the registration form shall release Kings Landing Corporation from any payment or liability in the use of your child's image in any form of promotion as determined by the management of the Corporation.
- Cancellation Policy: In the event of cancellation prior to 30 days before the first day, \$150.00 will be considered a processing fee and will not be refunded. The remainder of the payment will be refunded. There will be no refund for cancellations made within 30 days of the first day of the week applied for, unless the cancellation request is accompanied by a physician's letter.
- Refund Policy: There is no refund once camp starts. No refund will be made for dismissal due to disciplinary action, late arrival and early departure (i.e. homesickness). In the case of withdrawal from camp on physician's orders, a credit will be issued for the equivalent of the unused portion of the camp term.