VISITING COUSINS 2024 REGISTRATION FORM



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.

VISITING COUSIN INFORMATION

New Visiting Cousin Return	ning Visiting	Cousin
Name:		Gender:
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 Partic	ipant:	
PARENTS/GUARDIANS - USED AS EM Parent/Guardian 1:		CONTACT INFORMATION arent/Guardian 2:
Name:	_ N	ame:
Home Phone:	_ н	ome Phone:
Work Phone:	_ W	/ork Phone:
Cell Phone:	_ C	ell 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, they have	my/our permission to leave with the following
individual(s):	
Name:	
Phone:	_
OVERNIGHT CAMP WEEK OPTIONS	
Please indicate your first, second and third choice:	
Visiting Cousins (Ages 9 - 12)	
July 8 - 12 July 22 - 26 August 5 - 9	
Family Kin (Ages 13 - 15) - No prerequisite required	
July 15 - 19 July 29 - August 2 August 12 -	16
ACTIVITY SELECTION	
Please order activities by preference. Please note that activities will be everyone their first and second choice, but cannot guarantee it.	e filled on a first-come basis. We will try to give
Embroidery	
Trades (Carpentry and Print Shop) Wool processing, dyeing, and weaving	
Basketmaking	
Baking	
Foraging	
SLEEPWEAR	
All Visiting Cousins are required to bring appropriate sleepwear. Kin available to purchase for \$50 + HST. Purchasing this sleepwear is option	ngs Landing has 19th-century style sleepwea onal.
FEE INFORMATION	
Program fee (Includes meals, snacks, and costume rental)	\$650.00
19th-century style sleepwear (Optional - see sleepwear requirements above)	\$50.00
FEE CALCULATION	
Program Fee:	\$650.00
Sleepwear (If applicable):	,
Subtotal:	
HST (15%):	
Total:	

Name of Adult to be will be used unless						(Name of Partici	pant
PAYMENT							
	d as a processing					ore their expected arr refunds within 30 day	
Method of Payment	:	Cash	Cheque	Visa	Masterca	ard	
For credit card payr	nents: Please ch	arge \$					
Card #:							
Expiry:				ck of your card)			
Name on Card (Req	uired):						
Signature of Card H	older:						
					nature will be	required at registration	on.
MEDICAL INFORMA	TION						
To be filled out by p	arent/guardian. ٔ	The following	informatio	on is required to co	omplete regis	stration.	
Medicare #:		Expiry:					
Name:		(as s	hown on c	ard)			
Doctor's Name:		Phone: _					
Date of Last Tetanu	s Shot:						
Allergies:							
Penicillin	Hay Fever	Insect Sti	ngs	Seafood	Asthma	Other	
Other Conditions:							
Ear Aches	Nosebleeds	ADD/A	ADHD	Sleepwalking			
Other (please s	pecify):						
If any of the above :	are checked plea	se include so	acific instr	ictions for the car	e of your chil	d while at camp	

Med	lıca	atic	ms.

Prescribed and over the counter medications will be stored in a locked medication box, away from participants, with the exception of devices like puffers and EpiPens. 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 Interpretation & Education Coordinator 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.

barris, arriess otherwise maleated by parenti guardian.
Are there any over the counter drugs that should NOT be administered? Yes No
If yes, please list:
DECLUDED DES VICIT INFORMATION
REQUIRED PRE-VISIT INFORMATION
Please fill in the following to help us prepare for your child's visit. If you have questions or concerns contact Kings Landing. (Contact information below.)
Measurements for costume rental and/or sleepwear order:
Height: Waist: Chest/Bust:
Any information regarding concerns you have not already provided (physical, diet, learning, emotional, etc.):
*Use separate paper if necessary.
ose separate paper if necessary.
CONDITIONS OF ENROLMENT (PLEASE SEE NEXT PAGE)
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

Would you like to receive emails regarding Kings Landing's children's programs? You can unsubscribe at any time.

5804 Route 102

E6K 0A5

Prince William, NB

 Yes, please! | Name: ______ Email: ______ Signature: ______

Phone: 506-451-5615

Email: Katelyn.Murray6@gnb.ca

No, thank you.

VISITING COUSINS 2024 CONDITIONS OF ENROLLMENT



Following is a copy of Kings Landing's **Conditions of Enrollment for Visiting Cousins/Family Kin**. Parent(s)/Guardian(s), please read carefully and sign the appropriate line on the registration form on **page 4**.

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

CONDITIONS OF ENROLMENT 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.