

**PORTAGE REGIONAL RECREATION AUTHORITY INC.**

**Stride Place** 245 Royal Road South

Mailing:  
c/o P.O. Box 1059 Portage La Prairie, MB R1N 3C5  
Phone: 204-857-PRRA (7772) Fax: 204-239-1520 info@prra.ca



**2025 PRRA Summer Day Camp**

- |   |                 |  |              |
|---|-----------------|--|--------------|
| <input type="checkbox"/> Week 1 - Spirit Week           | (July 2-4)      | <input type="checkbox"/> Week 2 – Amazing Race Week  | (July 7-11)  |
| <input type="checkbox"/> Week 3 - Water Week            | (July 14-18)    | <input type="checkbox"/> Week 4 - Arts & Crafts Week | (July 21-25) |
| <input type="checkbox"/> Week 5 - Fun & Fitness         | (July 28-Aug 1) | <input type="checkbox"/> Week 6 - Disney Week        | (Aug 5-8)    |
| <input type="checkbox"/> Week 7 - Nature Explorers Week | (Aug 11-15)     | <input type="checkbox"/> Week 8 - Science Week       | (Aug 18-22)  |
| <input type="checkbox"/> Week 9 - Best of the Best      | (Aug 25-28)     |  |              |

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
(Grade they are currently in)

Father (Guardian)'s Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Mother (Guardian)'s Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

**Emergency Contact**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Manitoba Health Number: (6 digits) \_|\_|\_|\_|\_|\_|\_|\_| PIN (9 digits) \_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Medical Information: Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies/medical conditions (name them) \_\_\_\_\_

Is he/she taking any medication?  No  Yes, Name of medication (eg. Epi-pen) \_\_\_\_\_

\*If your child requires medication during the day please speak to the Recreation Manager.

List Any Physical/Emotional/Behavioral Issues that may impact your child's experience:  
\_\_\_\_\_  
\_\_\_\_\_

**Child Release:**

Child can leave on their own.  No  Yes

Pick up by whom: \_\_\_\_\_ Phone \_\_\_\_\_

*I am aware children will only be released into the custody of parents/guardians & those listed above unless I notify the Management.*

\_\_\_\_\_ parent/guardian initial

**Pictures**

I hereby give my child permission to be photographed by the Portage Regional Recreation Authority Inc. staff and hereby understand that such photographs become the property of the Portage Regional Recreation Authority Inc. may be used for the purpose of future promotional material deemed necessary and/or relevant to our day program.

Yes  No \_\_\_\_\_ parent/guardian initial

