

“Wollaston Young Stewards Environment Camp”

Summer 2018

REGISTRATION FORM



Through the generous support of our community organizations & and the partnership of 'Camp Kawartha', we are pleased to once again offer this camp registration application for children aged 6-8 (August 13-17) and 9-12 (July 16-20) for two planned camps scheduled to operate this summer. This will be our sixth year in operation and are very pleased to be associated with our community sponsors, youth and parents.

Please note that this registration is contingent on having:

1. Sufficient children registered at the registration closure date to operate either one or both of the camp sessions.
2. Funding necessary to operate one or both of the camp sessions.

Please read carefully the following requirements:

1. Registrations must be completed in full (all sections). Missing information will be considered as an incomplete application and the child will not be placed on the registration list until a fully completed application is submitted. Each child must have their own registration form (do not submit one form for multiple children)
2. Age eligibility will be based on child age as at August 31, 2018. For example, if a child is currently 12 years of age and has a birthday on August 30, 2018, they would still be considered as '12' and would be eligible to register for the camp in July 2018
3. Registration will be based on a 'first come first served' basis and will be date/time stamped. Registration opens at **3 pm February 5, 2018** and will close at **4 pm March 30, 2018**. Camp size is capped at 20 per session to allow for the best learning experience. A waiting list will be maintained – also in date order. We realize that situations arise where a child may not be able to attend after registering. Please notify the Wollaston Township Office at 613-337-5731 or email treasurer@wollaston.ca so that another child can attend as early as you can.
4. This registration form must be completed and returned with the \$20 fee to Wollaston Township Office, 90 Wollaston Lake Road, Box 99, Coe Hill, Ontario, K0L 1P0 by:
4:00 pm March 30, 2018. Scanned versions can be submitted via email to treasurer@wollaston.ca and cheques should be made payable to: Wollaston Lake Home & Cottage Association. If placing this \$20 deposit will incur a financial hardship, please feel free to confidentially inform Verna Brundage, Wollaston Township Treasurer/Deputy Clerk, and we will forgo the registration deposit.
5. Please note that the planned activities will be combinations of hiking, walking and exploring in the outdoors. As such, children will be required to undergo periods of physical activity and will be exposed to uneven terrain and other outdoor situations where physical activity will be required. If your child is unable to participate at this level please reconsider this registration application or provide adaptation via one on one support to allow your child to participate fully.

CHILD'S INFORMATION

First Name: _____ Last Name: _____ Gender: M F
Address: _____ Postal Code: _____ Current Age: _____

City: _____ Birthdate (mm/dd/yy): _____

MAIN CONTACT

First Name: _____ Last Name: _____ Gender: M F
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ Postal Code _____

City: _____ Email: _____

SECONDARY / ALTERNATE CONTACT

First Name: _____ Last Name: _____ Gender: M F
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ Postal Code _____

City: _____ Email: _____

CODE OF CONDUCT

The safety of each child in the camp is of the utmost importance. Each child must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the Camp Supervisor. I hereby agree that any behaviour of the child that places him or herself or others at risk may result in the child's immediate dismissal from the camp. Further, if dismissed from the program, I agree to forfeit the \$20 registration fee arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the child at his/her request before the end of a camp session. In order to ensure the safety and well-being of all individuals participating in the program, the Camp Supervisor reserves the right to alter the program at any time without notice.

I have read and understand the Code of Conduct:

Name: _____

Signature: _____

HEALTH HISTORY AND PERSONAL INFORMATION

This information will be used by the Camp Supervisor. If there is additional information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the Camp Supervisor. This may be mailed or dropped off in person to the Wollaston Township office located at 90 Wollaston Lake Road, Box 99, Coe Hill, Ontario, K0L 1P0.

Whatever information you provide to us will be treated in confidence.

Is the participant under any form of treatment for an illness, condition or injury? Yes___ No___

If yes, please explain and detail routines, medications, adaptations etc. Parents and/or care-givers are responsible for arranging to be with their child, while during camp session, to administer any/all medications, routines and adaptations.

Does your child require one on one support while at camp? Yes___ No___

If yes, we will contact you for additional information. Please note that it is the responsibility of the parent or care-giver to accompany the child at all times during the camp session to deliver this one on one support.

Does your child have any medical or behavioural conditions that we should be aware of?

Yes ___ No___ If yes please take a moment to explain.

Carries Epi-Pen: Yes___ No___ for _____

Wears Medic-Alert Bracelet: Yes___ No___ for _____

Allergies:

Seasonal: **Yes___ No___** to _____

Food: **Yes___ No___** to _____

Drugs: **Yes___ No___** to _____

Insect: **Yes___ No___** to _____

Other **Yes___ No___** to _____

ALTERNATE / EMERGENCY PICK UP

Alternate Contact #1

First Name: _____ **Last Name:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Alternate Contact #2

First Name: _____ **Last Name:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Both the July and August sessions will operate with a maximum camp size so as to ensure a quality learning experience. Our planned maximum enrollment will be 20 children. We will maintain a waiting list should enrollment applications warrant. Those children on the waiting list will be notified of their status on a regular basis. You will receive acknowledgement of your registration and an indication of whether you have a confirmed registration. Camp requirements such as proper footwear and dress will be outlined at that time.

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

For advertising and/or communication purposes, the Camp may, from time to time, take photographs and/or video recordings of Camp based activities or events that include real people, which photographs and video recordings will be held by Wollaston Lake Home & Cottage Association, Wollaston Township & Camp Kawartha and which may be used by each.

By signing this form, you are consenting to the taking of photographs and/or video records of you by the Camp and you are assigning to the Camp, and waiving any rights you have related to, any such photographs and/or video records, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the Camp for the Purposes.

If you do not wish your child to be included in any photos/videos, please print

“Photos Prohibited” here: _____ and check here to indicate that your child is fully aware that he/she must exclude themselves from any/all individual/group photos.

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While the Camp Supervisor and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Child's (defined below) participation in the camp, I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Child") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Child to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Child's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge Wollaston Lake Home & Cottage Association, Wollaston Township & Camp Kawartha, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to Child, and from all other actions, causes of actions, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for or participation in, the Program.

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the Child, and immediate contact by the Camp with a designated contact cannot be made, I hereby authorize and grant permission to Camp Staff to secure proper medical treatment and authorize on the Child's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatments injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the Wollaston Lake Home & Cottage Association, Wollaston Township or Camp Kawartha responsible for any costs or injury arising out of an emergency situation.

COMMITMENT TO PRIVACY

The Wollaston Lake Home & Cottage Association, Wollaston Township and Camp Kawartha are committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you register for the camp session and use it solely for the purpose of ensuring a safe experience and personal respect for each child. At the conclusion of the camp, personal information will be destroyed.

DISCLAIMER

All sessions are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the camp sessions.

SWIM CONSENT

Dear Parent/Guardian,

I hereby give permission for _____ to participate in Camp Kawartha's recreational swim taking place on a designated date/time in July and August 2018. I understand that Camp Kawartha follows swimming regulations as established by Canadian National Life Guarding Association and the Ontario Camps Association. Camp Kawartha's water front policies are available for your review upon request.

Signed: _____

Date: _____

T-SHIRT SIZING

We will be ordering T-shirt's for each child (funding permitted) and need to place the order in a timely manner.

To help us order the correct size for your child can you please refer to the sizing chart below and order the size applicable for your child. We will have the shirts available on the first day of each session.

Youth Sizing Chart (for 6-8 year group): Please select size desired

Child Name: _____

XS (2-4) _____

S (6-8) _____

M (10-12) _____

L (14-16) _____

XL (18-20) _____

Young Adult Sizing Chart (for 9-12 year group): Please select size desired

Child Name: _____

Small _____

Medium _____

Large _____

X-Large _____

2XL _____

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Photo and Video Consent, Assignment and Release Form, Assumption of Risk and Indemnifying Release statement, Medical Emergencies Statement, Swim Consent & Commitment to Privacy Statement and Disclaimer. Please enclose a cheque for \$20 made payable to “Wollaston Lake Home & Cottage Association”. Upon successful completion of the session that your child is enrolled in, this \$20 fee will be returned in full as the intent is to deliver a quality, no cost experience.

If placing this \$20 deposit will incur a financial hardship, please feel free to confidentially inform Verna Brundage, Wollaston Township Treasurer/Deputy Clerk, and we will forgo the registration deposit.

Date: _____

Child Name: _____

Name of Parent or Guardian: _____

Parent or Guardian Signature: _____