



# 2021 REGISTRATION FORM

## JULY 12<sup>TH</sup> – JULY 23<sup>RD</sup>, 2021

I am registering my child: (NAME) \_\_\_\_\_

### 2 Week Camp (July 12-23) \$400/child

#### PLEASE PROVIDE THE FOLLOWING CONFIDENTIAL INFORMATION:

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

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

Preferred T-Shirt size:  Youth-S  Youth-M  Youth-L  Adult-S  Adult-M  Adult-L

#### CONTACT INFORMATION:

Parent/Guardian name: \_\_\_\_\_ email: \_\_\_\_\_

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

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

#### ALTERNATE CONTACTS IN CASE OF EMERGENCY:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

#### HEALTH INFORMATION:

Does your child have any medical/developmental/physical/behavioural/emotional conditions or concerns? *(Continuing emotional or behavioural problems may result in the child being removed from classes at the discretion of staff.)*

Does your child take any on-going medication? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does your child have any life threatening allergies to medication/food/insect bites? \_\_\_\_\_  
If yes, please describe and list reactions to watch for:

Does your child carry an EPI Pen or ANA kit? \_\_\_\_\_ *(We cannot guarantee an allergen free environment.)*

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

## **PROGRAM AGREEMENT**

Please read the following information carefully. By registering for The Trent Hills Children's Arts and Nature Camp - ArtWorth, you agree and acknowledge that you are giving up certain legal rights and hereby represent and warrant to the program organizers; The Trent Hills Children's Art Camp, The Municipality of Trent Hills (hereafter "the organizers) that: 1) You are over the age of majority in your jurisdiction of residence, or 2) If you are registering on behalf of a minor, that you are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

## **ASSUMPTION OF RISK AND INDEMNIFYING RELEASE**

While the organizers and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in the ArtWorth program, I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively the "Registrant") 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 Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration. In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the Organizers, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, 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 Registrant, and immediate contact by the Organizers with a designated contact cannot be made, I hereby authorize and grant permission to the Organizers to secure proper medical treatment and authorize on the Registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the Organizers responsible for any costs or injury arising out of an emergency situation.

## **USE OF LIKENESS**

The Organizers may wish to use photographs, images and/or recordings containing the Registrant's picture, image, voice and/or other likeness for promotional, advertising, public relations and/or informational purposes. I hereby consent to the use of these materials without further notice or compensation, in any publicity or advertisement carried out by the Organizers, including, without limitation in the Organizers brochures, newsletters, annual reports, posters and/or website/internet materials (collectively, the "Materials") and further acknowledge and confirm that the Materials and all photographs, images and/or recordings shall remain the exclusive property of the Organizers, who shall own all copyright and other intellectual property rights therein.

## **CODE OF CONDUCT**

The safety of each individual in the Program is of the utmost importance to the Organizers. Each Registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the Organizers. I hereby agree that any behaviour of the Registrant that places him/herself, or others, at risk may result in the Registrant's immediate dismissal from the Program. Furthermore, if dismissed from the Program, I agree to cover any expense(s) arising from such dismissal. In order to ensure the safety and well being of all individuals participating in the Program, the Organizers reserves the right to alter the Program at any time without notice or compensation to the Registrant.

## **COMMITMENT TO PRIVACY**

The Organizers are committed to protecting personal information by following responsible information handling practices. We collect and use information you provide when you access or register for this Program in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements.

## **DISCLAIMER**

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

## **THE ABOVE TERMS, WAIVERS, AND CONDITIONS ARE ACCEPTED AND AGREED TO THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_ 2021.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN PRINT NAME: \_\_\_\_\_