

BARRETT CTI REGISTRATION AND WAIVER FORM

A. PARENT/ GUARDIAN INFORMATION:

Name: _____

Date of Birth: _____

Home Phone Number: _____

Email Address: _____

B. PARTICIPANT INFORMATION:

Name: _____

Date of Birth: _____

Address: _____

Home phone number: _____

Email Address: _____

C. AUTHORIZED PICKUP INFORMATION:

Authorized Pickup 1 Full Name: _____

Authorized Pickup 1 Relationship: _____

Authorized Pickup 2 Full Name: _____

Authorized Pickup 2 Relationship: _____

Authorized Pickup 3 Full Name: _____

Authorized Pickup 3 Relationship: _____

D. HEALTH INFORMATION:

Health Card number: _____

Family Doctor's name: _____

Family Doctor's Phone number: _____

Height: _____

Weight: _____

Eye colour: _____

Hair colour: _____

Does your child have any dietary requirements restrictions? _____

Does your child have any special dietary requirements? _____

Does your child have any medical conditions that should be aware of? _____

Medical Conditions (Elaborate/Other): _____

Does your camper have asthma and/or other respiratory issues? _____

Will your camper be bringing an inhaler with them? _____

Please use this space to share any other details or information about your camper's asthma/respiratory issues that we should know: _____

Does your child have any allergies? _____

Allergies: additional information: _____

Does your child have any Anaphylactic allergies? _____

If yes, please list the Anaphylactic allergy: _____

Please select the type of auto injector your child will be bringing to camp:

Anaphylaxis Auto Injector: _____

Others: _____

Does your child have medication that needs to be administered during camp times?

Medications to Be Administered during Camp Session:

Please list any medications that will be discontinued while at camp:

Antihistamine: _____

Polysporin: _____

Others: _____

Please use this space to let us know of any restrictions to activities or any accommodations (including relating to technology) required for full participation in camp:

Please use this space to provide any information about the camper's behavioural/learning concerns including suggested approaches & behaviour management styles that work well with your camper which the camp should know:_____

Has your camper experienced a significant loss? _____

Please use this space to share any details that you feel would help us support your camper. No specifics are required: _____

Please use this space to provide any additional information about the camper which may impact the camper's participation in camp activities and/or that you would like us to be aware of:

Communicable Diseases & Immunization:

Has your child received immunizations for the following (Measles, Mumps, Rubella, Pertussis, Tetanus, Diptheria, Polio, Meningococcal, and Chicken Pox):_____

Please select all of the communicable diseases that your child has contracted and/or come into contact with within the last three weeks:

E. Emergency Contact Information

Contact 1 Full Name:_____

Contact 1 Relationship:_____

Contact 1 Phone Number:_____

Contact 2 Full Name:_____

Contact 2 Relationship:_____

Contact 2 Phone Number:_____

Contact 3 Full Name: _____

Contact 3 Relationship: _____

Contact 3 Phone Number: _____

F. PHOTO RELEASE:

You may take photos/videos of my child/children: _____

G. AUTHORIZED PICKUP

Authorized Person: _____

Home Phone Number: _____

H. WAIVER

- **Cancellation Policy**

All withdrawals requested two weeks prior to the start of the camp session will be refunded the full camp fees, minus a \$25 administration fee. Any withdrawals requested less than two weeks prior to the start of the camp session will be refunded 50% of all camp fees.

Please note: Barrett CTI STEAM Summer Camps will only run if a minimum number of registrations is reached. In the event that a week does not reach its minimum registrations, participants will be offered the option to switch to a different week, and if that is not possible, will receive a full refund with no administrative charges.

Your Signature: _____

- **CODE OF CONDUCT** (Received online)

The safety of each individual in the program is of the utmost importance to the Barrett CTI STEAM Summer Camp. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the Barrett CTI STEAM Summer Camp staff. I hereby agree that any behaviour of the registrant that places him/herself/themselves or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her/themselves request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the Barrett CTI STEAM Summer Camp reserves the right to alter the program at any time without notice or compensation to the Registrant.

Your Signature: _____

- **PARENT/GUARDIAN CONSENT** (Received online)

1. I am aware that participating in the event has inherent risks, such as: weather-related illness or injury (e.g., sunburn / frostbite), trips, slips, falls, burns, drowning, allergic reaction, and loss or damage to property. I freely accept and fully assume, on behalf of myself/participant, all such risks, dangers and hazards and the possibility of personal injury, allergic reaction, death, permanent disability, property damage or loss resulting thereof.
2. In consideration of Humber College and the Barrett CTI allowing Participant's involvement in the Activity / Event, I agree:
 - a. To waive any and all claims that I or the Participant has or may have in the future against Humber College and its members, officers, employees, board of governors, students, agents, volunteers and independent contractors (the "Releasees");
 - b. To release, hold harmless and indemnify the Releasees from any and all liability for any injury, loss, expense, or damage of any kind sustained by myself or any person as a result of my participation.
 - c. That any behaviour of the Participant that places him/herself/themselves or others at risk may result in the registrant's immediate dismissal from the program; and that if the Participant is dismissed from the program, I will cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session.
 - d. I understand that Barrett CTI STEAM Summer Camp retains the right to revoke this camp application should it be deemed to be in the best interest of the child, other campers, and/or staff members.
 - e. In order to ensure the safety and well-being of all individuals participating in the program, the Barrett CTI STEAM Summer Camp reserves the right to alter the program at any time without notice or compensation to the Registrant.
 - f. I agree to notify Barrett CTI STEAM Summer Camps of any new information concerning the health and well-being of my child, including exposure to communicable diseases or the diagnosis of new medical conditions.
 - g. In case of injury or illness, I hereby authorize the Barrett CTI STEAM Summer Camp staff to obtain any medical attention deemed appropriate, including emergency transport, ordering x-rays, and routine tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, and secure proper treatment (except where prohibited due to religious beliefs, as I have noted above) for my child.

- h. The information provided is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted above by me.
- i. I understand that Barrett CTI STEAM Summer Camp relies on the information provided in this document and that it is important that the information provided be accurate, complete, and up to date to ensure the well-being and safety of all participants during the camp.

Your Signature: _____