

Parent/Guardian Information

Primary Parent/Guardian	Secondary Parent/Guardian
Name:	
Date of birth:	
Home phone number:	
Email address:	

Participant Information

Name:
Date of birth:
Address:
Home phone number:
Daytime Phone Number:
Email address:
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:
Health Information:
Health Card Number:
Family Doctor's Name:
Family Doctor's Phone Number:
Height:
Weight:
Eye Colour:

Hair Colour:

Health History:

Does your child have any dietary requirements /restrictions?

Dietary Requirements:

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 child 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 of the following 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:

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

Medications to Be Administered during Session:

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

Antihistamine:

Polysporin:

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 student's behavioural/learning concerns - including suggested approaches & behaviour management styles that work well with your child - which the camp should know:

Has your child experienced a significant loss?

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

Please use this space to provide any additional information about the child which may impact the child's participation in the 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, Diphtheria, 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:

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:

Photo Release:

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

Authorized Pickup

Authorized Person	Home Phone Number

Waivers

Cancellation Policy

All withdrawals requested two weeks prior to the start of the camp session will be refunded the full camp fees, minus a \$30 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.

Your signature: _____

Code of Conduct

Received online -

The safety of everyone in the program is of the utmost importance to the Barrett STEAM Academy. Each registrant must recognize a personal responsibility to learn and always follow the safety and other rules established by the Barrett STEAM Academy 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. To ensure the safety and well-being of all individuals participating in the program, the Barrett STEAM Academy reserves the right to alter the program at any time without notice or compensation to the Registrant.

Your signature: _____

Parent / Guardian Consent

Received online -

- 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.

In consideration of Humber Polytechnic and the Barrett CTI allowing Participant's involvement in the Activity / Event, I agree:

- 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");
- 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.
- 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.
- I understand that Barrett STEAM Academy 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.
- In order to ensure the safety and well-being of all individuals participating in the program, the Barrett STEAM Academy reserves the right to alter the program at any time without notice or compensation to the Registrant.
- I agree to notify Barrett STEAM Academy 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.
- In case of injury or illness, I hereby authorize the Barrett STEAM Academy 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.
- 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 understand that Barrett STEAM Academy 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 camp.

Your signature: _____