



**REGISTRATION FORM JULY 16 - 20 ,
23 - 27 , 2018**

I am registering my child: (NAME) _____

for the: (JUNIOR OR SENIOR CAMP) _____

PLEASE PROVIDE THE FOLLOWING CONFIDENTIAL INFORMATION:

Date of Birth _____ Health Card # _____

Doctor's Name _____ Phone # _____

CONTACT INFORMATION:

Parent/Guardian name: _____ email _____

Mailing Address _____

Phone #'s: Home _____ Work _____ Cell _____

ALTERNATE CONTACTS IN CASE OF EMERGENCY:

1. Name: _____ Relationship: _____

Phone #'s: Home _____ Work _____ Cell _____

2. Name: _____ Relationship: _____

Phone #'s: Home _____ Work _____ 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.)*

Parent/Guardian Signature Date _____

Please send your payment of \$225 by Interac E-transfer to artworthcamp@gmail.com with the password question: what is the name of Trent Hill's Children's Art Camp? (please use only lower case on answer!) **OR** you can mail your cheque to ArtWorth, Box 182 Warkworth, ON K0K 3K0

PROGRAM AGREEMENT

Please read the following information carefully. By registering for The Trent Hills Children’s Art 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, St. Paul’s United Church, 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 know 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, form 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 volunteer 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 _____ 2019.

_____ (PARENT/GUARDIAN SIGNATURE)

_____ (PLEASE PRINT NAME)