



GEORGINA

Camp Participant Information Form

Camp name _____ Camp date(s) _____

Participant Information

First name: _____

Last name: _____

Date of birth: _____

Street address: _____

City: _____ Postal code: _____

Parent/Legal Guardian (Primary Contact)

First name: _____

Last name: _____

Email _____ Telephone number _____

Relationship to participant: (Check all that apply)

- Legal guardian Shared custody
 Sole custody Other _____

Emergency contact name _____

Emergency contact telephone number _____

Share any custody arrangements that our staff need to be aware of while the participant is at camp

Medical diagnosis and information

Does the participant have any medical conditions that are important to note?

Yes No

Does the participant have any allergies?

Yes No

Provide details about any medical conditions or allergies.

Permissions

Check all that apply: Leave blank if not approved.

- I hereby grant the Town of Georgina permission to reproduce and use, for promotional and all other purposes, photographs taken of my child during this camp.
- I give my child permission to walk to/from camp/camp bus alone.
- I give my child permission to leave camp property with the camp staff to any of the listed out-trips (if applicable to your camp)

Alternative pick ups

I give my permission for the following people to pick up my child.

Person 1

First name _____ Last name _____

Person 2

First name _____ Last name _____

Person 3

First name _____ Last name _____

Note: Photo ID is required at pick up every day. Staff will not be able to release the child without proof of photo ID.

Disclaimers and signatures

Collection of personal information

I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25.

Medical authorization

On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and /or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense.

Waiver of liability and release of claims

I recognize that participation in the program/activity for which I have registered may include a risk to health or a risk of injury. I, on behalf of myself and the participant(s), hereby willingly assume such health risk or risk of injury, and assume full responsibility before, during and after my/their participation in the program/activity. I hereby release, discharge, indemnify and hold harmless the Town of Georgina, and its elected officials, officers, employees, agents, representatives, volunteers and other participants (The "Township Indemnitees") from all liability, claims, demands, losses, damages, costs, actions and other proceedings whatsoever, in respect of death, injury, loss or damage to myself or the Participants, or my/their property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the Township Indemnities, resulting from or connected with participation in any program/activity contemplated by this Registration. I hereby further agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township, its staff, volunteers and other participants. By completing and signing this form, I agree to medical attention and accept inherent risks associated with the program. My signature also indicates that the information provided in this document is to the best of my knowledge accurate in its entirety. I have had the opportunity to review the terms of this waiver with legal counsel and have had the opportunity to ask Township staff for clarification of any terms I do not understand.

Name _____

Signature _____

Date _____