

Registration Form 2018
OUTDOOR ADVENTURES AND ART CAMP

Identification of Participant
 (Please fill out one per child)

Family name: _____
 First name: _____ Age as of June 25, 2018: _____
 Birthdate: YR__MONTH__DAY__
 Address: _____ City: _____
 Postal code: _____ Email: _____
 Home telephone: _____

Identification of Parent

Mother's name: _____ Phone # at work: _____
 Father's name: _____ Phone # at work: _____
 Person to contact in case of emergency: _____
 Telephone: _____
 Persons authorized to pick-up your child: _____

Can your child swim alone? yes no

If no, please send them to all water activities with a fitted lifejacket.

Is your child authorized to leave by bike at 4:00?
 yes no

Is your child authorized to walk home alone at 4:00
 yes no

New camp t-shirt in 2018
 (You can use the same shirt as 2017)
 SM M LG

Child's Medical Information:

Medicare # _____

Illness and allergies yes no
 If yes, do they carry an Epi-Pen? yes no
 Do they know how to use it? yes no

Specify any other medical concerns:

Weeks Attending Camp	Check	Amount
Tax Payer <input type="checkbox"/> \$60.00/week or \$310.00/6 weeks		
Non-Tax Payer <input type="checkbox"/> \$120/week		
Week 1 June 25 - June 29	<input type="checkbox"/>	
Week 2 July 02 - July 6	<input type="checkbox"/>	
Week 3 July 09 - July 13	<input type="checkbox"/>	
Week 4 July 16 - July 20	<input type="checkbox"/>	
Week 5 July 23 - July 27	<input type="checkbox"/>	
Week 6 July 30 - Aug 03	<input type="checkbox"/>	
Full Time	<input type="checkbox"/>	
T-Shirt (\$10.00)	<input type="checkbox"/>	
Sub-Total		
Discount tax and non-tax payer (25% off for 2nd, 3rd, etc child)	<input type="checkbox"/>	
CAMP SUPER HIRO		
Week 1 \$60 August 6-August 10	<input type="checkbox"/>	
Week 2 \$60 August 13-August 17	<input type="checkbox"/>	
Total		\$

For RÉLEVÉ 24 – Mandatory Information
 Name and S.I.N number of the paying parent:

Name: _____
 ADDRESS: _____
 S.I.N Number: _____

FEES:
Taxpayer and grand-parent rates:
 \$60/week
 \$310 for 6 weeks
Non-tax payer rates
 \$120/week or \$590/6 weeks

Please note that the above prices do not include the daycare service \$7/day or \$30/week

You will be billed once in September for service used over the 6 weeks.



ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

1) RISKS INHERENT TO THE ACTIVITY

I acknowledge that I was informed about the risks inherent to the activities of **Potton's 2018 Summer camp** that will be lead by **Expe Aventures Inc.** The risks inherent to **canoeing on the Missisquoi river and on the Memphremagog Lake, mountain biking, as well as camping at Carrefour des Campeurs** in which my child will participate are, in particular, but not limited :

- Injuries due to falls or other movements, (sprain, strain, fracture, etc.);
- Injuries with blunt or sharp object (branches, material, etc.);
- Cold or hypothermia;
- Injuries resulting from accidental or other contact between individuals;
- Food allergy;
- Contact with water or drowning (during water activities or near a watercourse);
- Burns and/or other heat induced injuries.

Child's name _____

Parent's Initials _____

2) HEALTH PROFILE

Sex: _____ Age: _____ Allergies? YES / NO If yes, specify: _____

Taking medication? YES / NO If yes, specify medication name(s) and treatment dosage _____

Does your child have physical, emotional or behavioural problems that could limit his/her participation in the activity? Specify (ex. respiratory and/or cardiac problems, diabetes, vision or hearing problems, fear of water / heights / dogs, limitation of movements, etc.)

YES / NO. If yes, specify: _____

Parent's Initials _____

NB: If you have answered YES to any of the questions in section 2, YOU HAVE TO SIGNIFY Your Consent
Coordinator BEFOREHAND. Having discussed my child's medical condition with a person in charge at Expe Aventures, I agree and accept the additional risk that my child's health condition may be aggravated by participating in the activity.

Parent's Initials _____

3) CONFIRMATION OF INFORMATION AND ASSUMPTION OF RISKS

I hereby certify that the information consigned to this Registration Card is, to the best of my knowledge, exact and accurate. I further certify that no information pertinent or not to my child's health profile was deliberately omitted. I am aware that the information contained in this Registration Card is confidential and will be used to better plan and supervise the safety of the activities in which I will participate and will allow **Expe Aventures** to draw up a profile of its clientele. I am also aware that the activities offered by **Expe Aventures** take place in semi-wild or natural environments that, consequently, are quite distant from medical services. This state of affairs could result in long delays during an emergency requiring an evacuation and, as such, a possible aggravation of my child's state of health or my injury. Having taken cognizance of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I was informed about the risks inherent to the activities and I am able to let my child participate in the activity or the stay **WILLINGLY AND I ACCEPT ANY AND ALL RISKS THAT** such an activity or stay can comprise. I also pledge to play an active role in risk management by adopting a preventive behaviour with regards to my child's own safety, and the safety of the other persons that surround him. The guide reserves the right to exclude any person he/she deems to be a risk to himself/herself or to the rest of the group. I understand that my child may have to leave the present activity for any reason whatsoever.

Name of participant (bloc letters): _____

Parent's Name (bloc letters) _____

Parent's signature : _____ **Date:** _____

MATERIAL LIABILITY WAIVER

I, undersigned, forego to any claim, proceeding in damage or interest for damages to assets and material of my child's belonging (attrition, loss, breakage, theft, vandalism).

Parent's name (in bloc letters): _____

Parent's signature: _____

Date: _____

AUTHORIZATION IN CASE OF EMERGENCY

Adult

I, undersigned, authorize **Expe Aventures** to provide all necessary care. I also authorize **Expe Aventures** to take decision in case of an accident to transport me (by ambulance, or other) to a hospital or health care center, and this, at my own expense.

Parent's name (in bloc letters): _____

Parent's signature: _____

Date: _____