



BOREAL FOREST SUMMER CAMP REGISTRATION FORM 2018

Child

First _____ Middle _____ Last _____

Gender: Male ___ Female ___

School Name _____ Grade _____ Birth date ____/____/____

Age _____

Street Address _____

Town/City _____ Province _____ Postal code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ Province _____ Postal Code _____ Home Phone _____ Work
Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

Street
Address _____

Town/City _____ Province _____ Postal code _____ Home Phone _____

Daytime phone _____

Cell phone _____ E-mail _____

Child lives with:

Person responsible for payment:

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____



Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Address _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Address _____

Medical Release Information

Health Card Number _____ Expiry Date _____

Primary

Physician _____

Address _____

Phone _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Prescribed Medicine

Allergies

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Emergency Medical Release

Should it be necessary for your child to have medical treatment while participating in THE BOREAL FOREST SUMMER CAMP, and a parent cannot be reached, your signature gives the academy personnel permission to use



their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate.

Parent's/Guardian's Signature

CAMP COSTS
\$300 (Mon-Fri)

Please mark next to how you heard about the Boreal Forest Summer Camp:

Website ___ School ___ Word of Mouth ___ Flyer ___ Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the BOREAL FOREST SUMMER CAMP. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Boreal Forest Summer Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official BOREAL FOREST SUMMER CAMP activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The SASKATCHEWAN BOREAL FOREST LEARNING CENTRE and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Liability Release and Parental Consent Form

In order for my child to participate in the Forest Camp, I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance the Saskatchewan Boreal Forest Learning Centre, Ness Core Ventures, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is



understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Guardian Signature: _____ Date:

Printed Name of Parent/Guardian: _____