

KING HEIGHTS ACADEMY CAMP REGISTRATION FORM

Thank you for registering your child in King Heights Academy's Camp. This form must be completed and submitted along with payment to King Heights Academy staff before your child can participate in the camp.

Camper's Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Information

1. Name: _____ Relationship to Camper: _____

Full Address: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Email Address: _____

2. Name: _____ Relationship to Camper: _____

Full Address: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Email Address: _____

In the case the parent(s)/guardian cannot be reached, we should contact:

Name: _____ Phone #: _____ Relationship to Camper: _____

Name: _____ Phone #: _____ Relationship to Camper: _____

Please list ALL people authorized to sign your child in and out of day camp.

Name: _____ Phone #: _____ Relationship to Camper: _____

Name: _____ Phone #: _____ Relationship to Camper: _____

Summer Camp Dates - Please select. Camp is not offered on July 1 (Canada Day) and August 1 (Civic Holiday)

June 23 June 24 June 27 - 30 (week 1) July 4 - 8 (week 2)

July 11 - 15 (week 3) July 18 - 22 (week 4) 25 July 25 - July - 29 (week 5) August 2- 5 (week 6)

August 8 - 12 (week 7) u August 15 - 19 (week 8) August 22 - 26 (week 9)

Payment Information

Payment is due upon registration and before the start of the week selected. There are no refunds for missed days.

All returned cheques and declined credit card payments have an administration fee of \$50. No refunds after camp has started.

Weeks of June 27 and Aug 1 cost \$280 plus HST. All other weeks \$350 plus HST.

Payment (select one) Cheque (payable to: King Heights Academy Inc.) Mastercard Visa

E-transfer (payments@kingheightsacademy.com)

Credit Card Authorization

Credit Card Number _____

Expiry Date _____ CVC Code _____

Card Holder Name - Please Print

Card Holder Signature

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Drop off, Pick up, Before and After Camp Care

Campers will be dropped off and picked up from King Heights Academy's main entrance. Late fees will apply for pick ups after 4pm unless registered with the After Camp Care Program. Before Camp Care 8am - 9am \$18 per hour. After Care 4pm to 5pm \$18 per hour.

Health & Medical

Campers who are ill may not attend the camp. Parents may be called to pick up their child if they fall ill during camp.

Parents will notify staff if their child contracts a communicable disease. Campers may not return to the program until they are no longer infectious.

Please list any medical conditions we should be made aware of. If your child has an allergy, please complete an allergy form.

Will your child require to take any medication while in our program? If so, please complete a medication form.

Parent/Supervisor consultation should take place before or on first day at camp.

The camp staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it. Medication (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child's name on it.

Anaphylaxis management and the use of epinephrine auto-injectors (Epi-pen or Twinject) is a shared responsibility.

Upon signing this form, permission is given to King Heights Academy or its representatives to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/or guardian.

In the case of an emergency staff will call 911. For EMS needs, please complete the following.

Health card #: _____ Doctor's Name: _____ Doctor's phone #: _____

Sun Protection: It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with your child's name in their backpacks for additional application. Please ensure your child knows how to apply sunscreen independently.

Camper Code of Conduct Agreement

King Heights Academy reserves the right to ask parents to withdraw their child from the Summer Camp if basic behaviour expectations are not met. No refund for early dismissal for misbehaviour.

- Examples:
- Verbal or physical abuse against campers or staff
 - Stealing or any other illegal actions
 - Behaviour that causes constant distraction for other campers or staff
 - Constant disregard towards staff's direction or guidance

It is understood that participants will be properly supervised and that reasonable safety precautions will be taken.

Camper Participation In Activities Consent

I hereby authorize my child, _____ to participate in activities that involve food preparation such as making Jello, mixing batter, decorating cupcakes/cookies, making smoothies, etc.

My child has the following allergies and/or dietary restrictions and may not consume items containing:

I DO / DO NOT allow my child to consume the food items they are making.
Please select one .

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Campers may visit a local park and may walk or be bused to the local park to enjoy the park amenities as part of the camp program. Campers will go on the King Heights Academy School Bus (or alternate transportation as needed).

I DO / DO NOT allow my child to ride on King Heights Academy's transportation vehicle or alternative vehicle. *Please select one.*

Social Media Consent

I DO / DO NOT give permission to King Heights Academy and those acting under its authority, the right and permission to reproduce, publish, print, copyright or otherwise use my and/or my child's photographic reproductions.

Child Name - Please Print

Date

Parent Name - Please Print

Parent Signature

Waiver

This is a binding legal agreement; therefore, clarify any questions or concerns before signing. Please read carefully.

As a Participant in the Camp provided by King Heights Academy and R&B Sports, (collectively the Program), collectively or independently, the undersigned, being the Participant and the Participant's Parents/Guardians (collectively the "Parties"), acknowledge and agree to the following terms:

Disclaimer

King Heights Academy and R&B Sports, and its respective owners/operators, directors, officers, shareholders, members, volunteers, other participants, employees, contractors, agents, sponsors, suppliers, owners and lessors of premises used to conduct the Program, successors, assigns and representatives, are not responsible for any injury, property damage, death, expense, loss of income, damage or loss of any kind suffered by the Participant and the Participant's Parents/Guardians during, or as a result of, the Program and the risks relating to the Program. The Parties understand and acknowledge that the Program has foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life. The Participant is participating voluntarily in the Program. In consideration of the Participant's participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards associated with or related to the Program. The risks, dangers and hazards include, but are not limited to, injuries from the Program, failing to comply with the rules established for participation, bad weather conditions including hypothermia, sunstroke, or dehydration, failing to remain within designated areas, contact, colliding, falling or being struck by other participants or equipment, executing strenuous and demanding physical techniques, vigorous physical exertion, strenuous cardiovascular workouts and rapid movements, exerting and stretching various muscle groups, falls to the ground or floor due to uneven or irregular terrain or surfaces, failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment, spinal cord injuries which may render me permanently paralyzed, permanent disability and death and travel to and from events which are an integral part of the Program.

Terms

In consideration of King Heights Academy and R&B Sports allowing the Participant to participate in the Program, the Parties agree a) that the Participant's physical condition is appropriate to participate in the Program; b) To comply with the rules and regulations for participation in the Program; c) That if the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring such to the attention of King Heights Academy and R&B Sports's representative(s) immediately;

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d) That King Heights Academy and R&B Sports does not undertake to provide health, accident, disability, hospitalization, personal property or other insurance for the Participant in the Program and the Parties affirm they have ascertained appropriate insurance to protect the Participant.

Release of Liability

In consideration of King Heights Academy and R&B Sports allowing the Participant to participate in the Program, the Parties agree to freely accept and fully assume all such risks, dangers and hazards, and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from the Participant's participation in the Program and travel to and from the Program.

General

This Agreement will be interpreted in accordance with the laws of the Province of Ontario in respect of any matter or thing arising out of this Agreement. The Parties expressly agree that agreement is intended to be as broad and inclusive as is permitted by the law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement

The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this agreement is to be binding upon themselves, their heirs, next of kin, assigns, executors, administrators and representatives. By completing this Informed Consent and Assumption of Risk Agreement, the Parties agree to be bound by this Legal Agreement.

Parent / Guardian Name: _____

Phone #: _____

Email: _____

Parent / Guardian Name: _____

Phone #: _____

Email: _____

Signature of Parent / Guardian

Date: _____

Signature of Parent / Guardian

Date: _____