



**SAULT COLLEGE SUMMER CAMPS 2017
CAMPER REGISTRATION FORM**



CAMPER INFORMATION

CAMPER'S NAME: FIRST / MIDDLE / LAST NAME		BIRTH DATE: MM/DD/YYYY	AGE	GENDER
				Male Female
MAILING ADDRESS		CITY		POSTAL CODE
HEALTH CARD # (application will not be accepted without number)				
Special Medical / Behavioural / Learning Information	YES NO	If yes, please specify:		
Does medication need to be administered at camp?	YES NO	If yes, please specify:		
Allergies?	YES NO	If yes, please specify:		
Are there any major events that have taken place in your child's life in the past year that we should know about to help us to better understand your child?	YES NO	If yes, please specify:		
I require a consultation with the camp director regarding elements of my child's participation.				YES NO

LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

1st LEGAL GUARDIAN NAME (FIRST/LAST)	HOME PHONE #	CELL #	WORK PHONE #	EXT.
2nd LEGAL GUARDIAN NAME (FIRST/LAST)	HOME PHONE #	CELL #	WORK PHONE #	EXT.
EMAIL ADDRESS: 1st LEGAL GUARDIAN				
EMAIL ADDRESS: 2nd LEGAL GUARDIAN				
I would like to receive emails about future kid camps at Sault College.				YES NO
LEGAL CUSTODY		CHILD RESIDES WITH		
1st GUARDIAN 2nd GUARDIAN BOTH PARENTS	OTHER (EXPLAIN)	1st GUARDIAN 2nd GUARDIAN BOTH PARENTS	OTHER (EXPLAIN)	
ALTERNATE EMERGENCY CONTACT OTHER THAN GUARDIAN (FIRST/LAST)	HOME PHONE #	CELL #	WORK PHONE #	RELATIONSHIP TO CAMPER
Has the contact been made aware they are the emergency contact?				YES NO

AUTHORIZED PICK-UPS

Campers **MUST** be signed in and out every day. Only guardians or emergency contacts listed here may sign for campers. **Photo ID must be present to pick up children.**

1		2		3	
4		5		6	

HOW DID YOU HEAR ABOUT OUR CAMPS?

Please check all that apply:

Sault College Website Sault College Email Sault College Facebook Page School Flyer Other (explain)

AUTHORIZATION

YES	NO	I authorize the Sault College Camp staff to apply sunscreen as necessary to my camper. I understand that I should provide sunscreen, labeled with my child's full name.
YES	NO	I permit my child to participate in a full range of camp activities. If you checked no, please list which activities your child is NOT permitted to take part in:
YES	NO	I consent and agree to Sault College to irrevocably utilize and release photographs, video, quotes and/or testimonials of my child's involvement in camp activities for the purpose of promoting our camps in the media.

DISCLAIMER CLAUSE

Sault College and the employees of the Continuing Education Department are not responsible for any participant's death, injury, loss or damage of any kind sustained by any person while registered as a Camp participant except to the extent that such injury, loss or damage was caused by the negligence of Sault College.

DESCRIPTION OF ACTIVITIES

The following activities that your child may participate in during the camp are:

- Crafts, fitness instruction, leadership skills, team sports / cooperative games during the camp.

ASSUMPTION OF RISKS

In consideration of my child's participation in camp and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a participant, including the possible risk of severe or fatal injury to my child or others.

These risks include but are not limited to:

- a) all manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc., from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of the College;
- b) all manner of injuries resulting from the mechanical failure of apparatus/equipment;
- c) all manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- d) transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses;
- e) all manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- f) all manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- g) all manner of injuries and/or death that may result from transition between facilities
- h) that my child's risk of injury increases as they become fatigued;

Initials:_____

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The parent/guardian and the participant understand and acknowledge the following:

1. TO FOLLOW all the instructions and rules given by those responsible for or in charge of the above noted Camp and all related activities while my child is a participant and participating in the above noted Camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire camp;
2. TO OBEY all the rules and regulations pertaining to the above noted camp and all related activities.

Initials:_____

CONDITION OF REGISTRATION

The parent/guardian and the participant understand and acknowledge the following:

1. That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this camp.
2. That the participant will wear full protective equipment demanded by the sport
3. In the event of an accident or illness the counselor may implement all procedures, including admission to hospital and necessary treatment therein, he/she may deem essential for the care and well-being of the camper. Such action shall be taken only when immediate contact with the guardian or emergency contact cannot be made.

Initials:_____

GUARDIAN AUTHORIZATION

I acknowledge that I have read and understood this agreement and that I understand, appreciate and accept the risks associated with my child's participation in the above noted camp and all related activities at Sault College. As the parent / guardian for the participant, I consent for my child's participation in the Sault College camp and all related activities. By printing your name and initialing below, you acknowledge that you have carefully read and understand the information requested in this registration form.

Date: _____ Guardian Name (Please Print): _____ Initials:_____

**SAULT COLLEGE SUMMER CAMPS 2017
AGES 8 TO 13**

CAMP	DATE	COST	TOTAL COST
Junior Chef 1	July 4-7	\$200 + HST	226.00
Junior Chef 2	July 10-14	\$250 + HST	282.50
Junior Chef 3	July 17-21	\$250 + HST	282.50
Junior Chef 4	July 24-28	\$250 + HST	282.50
Junior Chef 5	July 31-August 4	\$250 + HST	282.50
Junior Chef 6	August 8-11	\$200 + HST	226.00
Junior Scientist 1	July 4-7	\$160 + HST	180.80
Junior Scientist 2	July 10-14	\$200 + HST	226.00
Junior Scientist 3	July 17-21	\$200 + HST	226.00
Junior Scientist 4	July 24-28	\$200 + HST	226.00
Junior Scientist 5	July 31-August 4	\$200 + HST	226.00
Junior Scientist 6	August 8-11	\$160 + HST	180.80
Junior Athlete 1	July 4-7	\$160 + HST	180.80
Junior Athlete 2	July 10-14	\$200 + HST	226.00
Junior Athlete 3	July 17-21	\$200 + HST	226.00
Junior Athlete 4	July 24-28	\$200 + HST	226.00
Junior Athlete 5	July 31-August 4	\$200 + HST	226.00
Junior Athlete 6	August 8-11	\$160 + HST	180.80
Junior Animator 1	July 31-August 4	\$200 + HST	226.00

BOXED LUNCH PROGRAM (OPTIONAL)

Enjoy the convenience of opting into Odeno's daily boxed lunch program. For an additional \$6.00 (+HST = \$6.78) per day, your child will receive a nutritious, fresh, nut-free lunch that is made on site daily.

Please select the days you wish to purchase:

MONDAY

Roasted Chicken Breast Wrap, (Nut Free) Nature Valley Lunch Box Granola Bar, Yogurt cup (Yoplait), Oasis 100% juice box

THURSDAY

Housemade Three Cheese Mac & Cheese, (Nut Free) Nature Valley Lunch Box Granola Bar, Yogurt cup (Yoplait), Oasis 100% juice box

TUESDAY

Seasoned Chicken Skewers with Yogurt Dip & Rice Pilaf, (Nut Free) Nature Valley Lunch Box Granola Bar, Yogurt cup (Yoplait), Oasis 100% juice box

FRIDAY

Chicken Fingers, Plum Sauce & Fries, (Nut Free) Nature Valley Lunch Box Granola Bar, Yogurt cup (Yoplait), Oasis 100% juice box

WEDNESDAY

Deli Sandwich on Whole Wheat Bun, (Nut Free) Nature Valley Lunch Box Granola Bar, Yogurt cup (Yoplait), Oasis 100% juice box

MEAL COST	_____ x \$6.78	\$ _____
# of days (\$6.00 +hst)		
CAMP COST		\$ _____
TOTAL		\$ _____

NEXT STEPS - SEND IN YOUR REGISTRATION FORM AND PAYMENT

COMPLETED REGISTRATION:

Save and email the completed registration form to: kidcamps@saultcollege.ca You can also fax or drop off the form to Continuing Education at Sault College. Fax 705 759-7984.

PAYMENT:

Pay for the camp at Financial Services. Payments can be made over the phone with Visa or MasterCard by calling 705 759-2554 ext. 2300 or in-person at Financial Services (located at Essar Hall) Monday – Friday 8:30 a.m. to 4:00 p.m.

QUESTIONS?

705 759-2554, ext. 2658

kidcamps@saultcollege.ca

Continuing Education (A1150), Sault College of Applied Arts & Technology

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SUBMIT