

# CNC Manufacturing and Robotics

SAULT COLLEGE SUMMER CAMPS



CAMPER'S INFORMATION		
NAME	BIRTHDATE (mm/dd/yyyy)	GENDER M      F      OTHER
ADDRESS	CITY	POSTAL CODE
HEALTH CARD # (Application will not be accepted without this)	I REQUIRE A CONSULTATION WITH THE CAMP DIRECTOR REGARDING ELEMENTS OF MY CHILD'S PARTICIPATION YES      NO	
SPECIAL MEDICAL, BEHAVIOURAL OR LEARNING INFORMATION YES      NO      If yes, please specify:		
DOES MEDICATION NEED TO BE ADMINISTERED AT CAMP? YES      NO      If yes, please specify:		
DOES YOUR CHILD HAVE ALLERGIES? YES      NO      If yes, please specify:		
HAVE MAJOR EVENTS TAKEN PLACE IN YOUR CHILD'S LIFE IN THE PAST YEAR THAT WE SHOULD KNOW TO HELP US BETTER UNDERSTAND YOUR CHILD? YES      NO      If yes, please specify:		

LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION				
1ST LEGAL GUARDIAN NAME		EMAIL    I would like to receive emails    YES      NO		
RELATIONSHIP TO CAMPER	HOME PHONE	CELL PHONE	WORK PHONE	EXT
2ND LEGAL GUARDIAN NAME		EMAIL    I would like to receive emails    YES      NO		
RELATIONSHIP TO CAMPER	HOME PHONE	CELL PHONE	WORK PHONE	EXT
ALTERNATE EMERGENCY CONTACT NAME	HOME PHONE	CELL PHONE	WORK PHONE	EXT
LEGAL CUSTODY 1st GUARDIAN    2nd GUARDIAN    BOTH PARENTS OTHER (Explain)		CHILD RESIDES WITH 1st GUARDIAN    2nd GUARDIAN    BOTH PARENTS OTHER (Explain)		
Has the contact been made aware they are the emergency contact?    YES      NO				

AUTHORIZED PICKUPS		
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 CAMP? (Please check all that apply)**Sault College Website  
Other (explain)

Sault College Email

Sault College Facebook Page

School Flyer

**AUTHORIZATION**

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 If no, please specify:

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.

YES NO

**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:

- Introduction and practical experience using the CNC machine;
- Introduction and practical experience programming industrial robots.

**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.

GUARDIAN NAME	DATE (mm/dd/yyyy)	INITIALS

**SAULT COLLEGE SUMMER CAMPS 2023 - GRADE 7 AND GRADE 8 (IN SEPT. 2023)**

CAMP	DATE	COST	TOTAL
CNC and Robotics Camp	July 10 - 14	\$130 + HST	\$146.90
CNC and Robotics Camp: Indigenous Focus	July 17 - 21	\$130 + HST	\$146.90
<b>For CNC Manufacturing Camp: Indigenous Focus Only</b> Is the student Indigenous to Canada? First Nation      Métis      Inuit			

**NEXT STEPS - SEND IN YOUR REGISTRATION FORM AND PAYMENT****COMPLETED REGISTRATION:**

Save and email the completed registration form to: [kidcamps@saultcollege.ca](mailto:kidcamps@saultcollege.ca)  
You can also fax the form to Continuing Education at Sault College (fax) 705 759-7984.

**PAYMENT:**

Once the child's spot in the camp has been confirmed, payments can be made over the phone with Visa or MasterCard by calling Financial Services at 705.759.2554 ext. 2300.

**QUESTIONS?**

705 759-2554, ext. 2430  
[kidcamps@saultcollege.ca](mailto:kidcamps@saultcollege.ca)  
Continuing Education (A1150), Sault College  
443 Northern Avenue Sault Ste. Marie, ON, Canada P6B 4J3

**SUBMIT**