

# Community of Christ

## Camp and Retreat Enrolment Form

WE ARE DELIGHTED THAT YOU HAVE CHOSEN TO ATTEND THIS EVENT. BEFORE COMPLETING THE REST OF THE ENROLLMENT FORM, PLEASE TAKE A MINUTE TO READ THE FOLLOWING STATEMENT WHICH SUMMARIZES OUR COMMITMENT TO PROTECT THE PERSONAL INFORMATION YOU SHARE WITH US.

### Privacy Policy

WE RESPECT YOUR PRIVACY. WE PROTECT YOUR PERSONAL INFORMATION AND ADHERE TO ALL LEGISLATION REQUIREMENTS WITH RESPECT TO PROTECTING PRIVACY. WE DO NOT RENT, SELL OR TRADE OUR MAILING LISTS. THE INFORMATION YOU PROVIDE WILL BE USED TO DELIVER SERVICES AND TO KEEP YOU INFORMED AND UP TO DATE ON ACTIVITIES THAT WE SPONSOR, INCLUDING PROGRAMS, SERVICES, SPECIAL EVENTS, FUNDING NEEDS, OPPORTUNITIES TO VOLUNTEER OR TO GIVE, AND MORE THROUGH PERIODIC CONTACTS.

IF AT ANY TIME YOU WISH TO BE REMOVED FROM ANY OF THESE CONTACTS YOU CAN DO SO BY PHONING 888-411-7537, OR VIA EMAIL AT COMMUNICATIONS@COMMUNITYOFCHRIST.CA AND WE WILL GLADLY ACCOMMODATE YOUR REQUEST.

I HAVE READ THE PRIVACY POLICY OF THE COMMUNITY OF CHRIST AND UNDERSTAND THAT THE INFORMATION I PROVIDE WILL NOT BE SHARED WITH ANY OUTSIDE PARTY AS OUTLINED ABOVE.

○ SIGNATURE OF RESPONSIBLE ADULT: \_\_\_\_\_

## Enrolment Form

Event Attending \_\_\_\_\_ Location \_\_\_\_\_

### General Information

Name: \_\_\_\_\_ Date of Birth: (Day)\_\_\_\_(Month)\_\_\_\_(Year)\_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

Province/State

Postal/Zip Code

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Home Congregation \_\_\_\_\_

School: Grade Completed: \_\_\_\_\_ Gender: Female\_\_\_ Male \_\_\_

Name of Parents, Custodial Parent, or Legal Guardian:\* \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Parent, Legal Guardian or Next of Kin\* \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Persons who are allowed to pick up your child from camp:\* \_\_\_\_\_

(\* Applies only to those under 18 years of age.)

**Emergency Notification While Camper is At Camp/Retreat (Other than information on the front, every attempt will be made to contact the primary Guardian first.)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City/State or Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City/State or Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

**Release and Waiver of Liability**

*Please note that this Release and Waiver of Liability must be signed by the camper, if of legal age or by the parent or guardian on behalf of any camper who is not of legal age at the time of submitting this enrolment for camp attendance and prior to attendance at camp.*

**IN CONSIDERATION** of Community of Christ accepting my enrolment (the enrolment of \_\_\_\_\_ for whom I am the parent or legal guardian), I agree personally (and on behalf of \_\_\_\_\_ for whom I am the parent or legal guardian) to this Release and Waiver of Liability.

I understand that attendance at camp involves certain risks and dangers, not all of which can be listed here. amongst the more obvious and frequent are:

- hazards related to travel in and on lakes and rivers;
- hazards relating to swimming facilities and in connection with water sports;
- hazards in connection with movement about camp and over uneven terrain;
- hazards in connection with camp sports activities;
- hazards in connection with travel to and from camp; and
- hazards in connection with the use of camp buildings and facilities.

Neither I nor \_\_\_\_\_ are relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversations, to lead me or \_\_\_\_\_ to become involved in the camp programme for which I have applied on any basis other than my assumption of the risks and dangers involved.

I personally (and as parent or guardian on behalf of \_\_\_\_\_) accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my attendance (the attendance of \_\_\_\_\_) at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.

I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled in the courts of that Province.

**Signature of Responsible Adult\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

FOR AND IN CONSIDERATION OF THE UNDERSIGNED CAMPER'S PARTICIPATION IN OFF-SITE SWIMMING ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITY, PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S) WAIVE, RELEASE AND RELINQUISH ANY AND ALL CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST THE COMMUNITY OF CHRIST, INCLUDING PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OCCURRING TO PARTICIPANT, ARISING OUT OF PARTICIPATION, AND/OR ACTIVITIES INCIDENTAL THERETO, INCLUDING ORDINARY NEGLIGENCE, WHENEVER OR HOWEVER THEY OCCUR AND FOR SUCH PERIOD SAID ACTIVITIES MAY CONTINUE, AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THAT PARTICIPANT (AND PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S), IF APPLICABLE) MAY HAVE ARE HEREBY WAIVED, RELEASED AND RELINQUISHED, AND PARTICIPANT (AND PARENT(S)/GUARDIAN(S), IF APPLICABLE) DOES(DO) SO ON BEHALF OF MY/OUR AND PARTICIPANT'S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

Participant's parent(s)/guardian(s), acknowledges, understands and assumes all risks arising out of the above referenced activity and related activities, and understands that participation in the activity involves risks and dangers, including but not limited to transportation to and from said activities, and bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to participant's person and damages which may arise therefrom, and that I/we acknowledge said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the Releasees. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in this release.

It is the purpose of this release to exempt, waive and relieve Releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of Releasees. "Releasees" include the Community of Christ, and its officers, directors, agents, affiliates and employees.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against Releasees, he/she shall defend, indemnify and save harmless Releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

PARTICIPANT (AND PARTICIPANT'S PARENT(S)/GUARDIAN(S), IF APPLICABLE) ACKNOWLEDGE THAT THEY HAVE BEEN PROVIDED AND HAVE READ THE ABOVE PARAGRAPHS AND HAVE NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT THEY ARE FULLY ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES DESCRIBED HEREIN ABOVE, AND UNDERSTAND THESE WAIVERS AND RELEASES ARE NECESSARY TO ALLOW THE EXISTENCE OF THE VOLUNTEER YOUTH ACTIVITIES.

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Signature of Responsible Adult\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**PHOTO RELEASE**

For and in consideration of the undersigned's participation in an activity sponsored by the Community of Christ, I, \_\_\_\_\_, hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

**Signature of Responsible Adult\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**SPECIAL PERMISSION REQUIRED**

All Church sponsored Camps and Retreats are "No Smoking" events. However if there are Senior High Age youth who are addicted to nicotine and wish to attend this event but who cannot refrain from smoking during this activity, special permission must be received from their parent or guardian in order for them to smoke. Even with permission however this is still at the discretion of the Camp Director.

I am aware that my child is a smoker and may choose to smoke at designated times and place during the camp at the discretion of the Camp Director.

**Signature of Responsible Adult\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**(\*\* Camper must be 18 years of age or older to sign on their own behalf.)**

## Medical Information

Medical Information for: \_\_\_\_\_ (camper's full name) Weight: \_\_\_\_\_

*The following questions are for informational purposes only and all answers will be held in strict confidence. This information is required to help ensure the health, safety and, if required, the effective medical treatment of your child.*

Allergy to foods, medications (if none, so state) \_\_\_\_\_

Is camper currently under a physician's care for any acute or chronic medical condition? Yes\_\_\_ No\_\_\_

If yes, please explain \_\_\_\_\_

Does camper carry *non-prescription* medication on their person? (if none, so state) \_\_\_\_\_

Medication(s) and purpose \_\_\_\_\_

Does camper require *prescription* medication? (if none, so state) \_\_\_\_\_

Medication(s) and purpose \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Card Number \_\_\_\_\_

**Original Health card is required. If original Health Card is not shown at time of treatment additional non-refundable charges may be applied.**

### *Out of country health information*

Health Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Other Information \_\_\_\_\_

### **Health Information**

Has applicant ever had any of the following (Please check if yes and provide month/year of latest occurrence)

anaemia\_\_\_ appendicitis\_\_\_ asthma\_\_\_ bronchitis\_\_\_ chicken pox\_\_\_ diabetes\_\_\_ epilepsy\_\_\_ HIV\_\_\_ frequent  
colds\_\_\_ heart trouble\_\_\_ heart murmur\_\_\_ kidney trouble\_\_\_ measles\_\_\_ mumps\_\_\_ pneumonia\_\_\_ rheumatic  
fever\_\_\_ sinusitis\_\_\_ scarlet fever\_\_\_ sore throats\_\_\_ tuberculosis\_\_\_ whooping cough\_\_\_  
fractures (describe) \_\_\_\_\_ other \_\_\_\_\_

Please list applicant's major operations or serious injuries (describe and give dates) \_\_\_\_\_

Please list applicant's immunization dates for the following (or attach a copy of health card)

DPT\_\_\_ booster diphtheria\_\_\_ booster tetanus\_\_\_ smallpox\_\_\_ typhoid\_\_\_ tuberculin\_\_\_

measles\_\_\_ mumps\_\_\_ polio vaccine\_\_\_ other \_\_\_\_\_

What contagious disease(s) has the applicant been exposed to recently? \_\_\_\_\_

Please check any of the following conditions that apply

Vision problems\_\_\_ hearing problems\_\_\_ hernia\_\_\_ fainting\_\_\_ diarrhoea\_\_\_ constipation\_\_\_ sleepwalking\_\_\_

Recent emotional upset (death of loved one, divorce of parents) please explain \_\_\_\_\_

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at camp/retreat \_\_\_\_\_

### **Permission for Medical Treatment**

I, the undersigned, parent, legal guardian, next-of-kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other)

**Signature of Responsible Adult\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

(\*\* Camper must be 18 years of age or older to sign on their own behalf.)

