

# Vancouver Waldorf School Summer Camp

## Registration Form

Date: June 25 to 29, 2018

### Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M  F  Other  Pronoun \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Attends which School? \_\_\_\_\_ Grade: \_\_\_\_\_

### Health Information

Personal Health Number: \_\_\_\_\_ Does your child have allergies? Seasonal  Food  Drugs  Insect

Other  If yes, please explain: \_\_\_\_\_

**Please include a copy of your child's immunization record with this application, unless currently in VWS student records.**

Does your child require medication? If so, please list. \_\_\_\_\_

Does your child require an epi-pen? \_\_\_\_\_ For: \_\_\_\_\_

Does your child have any medical or behavioural conditions that we should be aware of? If yes, please explain.

Please provide a name and phone number of someone who could be contacted for early pick up should this be necessary.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Main Contact

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M  F  Other , Pronoun \_\_\_\_\_

### Secondary Contact

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_ M  F  Other , Pronoun \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Emergency Pick-up

#### Alternate Contact #1

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Alternate Contact #2

### Cost of Camp

Cost of camp is \$350. Deposit of \$50.00 required.

# Program Agreement

## Photo and Video Consent, Assignment and Release

For purposes of marketing, advertising, promotional and/or communication purposes, the Vancouver Waldorf School may take photographs and/or video recordings of the VWS based activities or events that include real people, which photographs and video recordings will be placed in the VWS Photo Bank and which may be used by the VWS only. By signing this Form, you are consenting to the taking of photograph and/or video recordings of your child for VWS purposes. Yes  No

**Please sign below.**

## Assumption of Risk and Indemnifying Release

While VWS staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in the VWS camp program, I hereby acknowledge that I and/or my child if I am registering on his/her behalf, the Registrant may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided a complete and accurate health history and hereby permit the Registrant to participate in the full range of the Program activities, except as specifically noted by me in the health information section of the Program registration. In consideration for the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the VWS and employees and representatives from any and all other actions, caused of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in the Program. Yes  No

**Please sign below.**

## Medical Emergencies

In the event of an accident, injury or illness involving the Registrant, and immediate contact by the VWS with a designated contact cannot be made, I hereby authorize and grant permission to VWS to secure proper medical treatment and authorize on the Registrants behalf all procedures, including, without limitation, admission to an emergency unit and ordering treatment as deemed necessary by the attending medical professional(s). I agree to not hold the VWS responsible for any costs or injury arising out of an emergency situation.

Our school's first-aid kit is stocked with homeopathic remedies which we use in situations such as sprains, twists, cuts, bruises, stings, headaches and tummy aches. If you would like more information, in general or about our specific use of remedies, we will be glad to provide you with details. We are hereby requesting your permission to administer these remedies to your children. Yes  No

**Please sign below.**

## Registration Agreement

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Photo/Video Consent, Assumption of Risk and Indemnifying Release, Medical Emergencies and Homeopathic Remedies Consent,.

Date: \_\_\_\_\_ Camper Name: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

**Administration Use Only:** Total Amount Paid: \_\_\_\_\_ by cheque  card  cash  deposit