



REGISTRATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR CHILD TO ATTEND CAMP

Camper's Full Name:

Age:

Parent/Guardian Name:

Phone #: ()

Business # & ext: ()

Address:

Email Address:

Emergency Contact Name:

Emergency Contact #:

Relation to Child:

Camper's Medical Information:

Health Card #:

Doctor's Name:

Doctor's Phone #:

Does the camper have any medical condition? Please list and explain in detail:

Allergies/ reactions: (Does the camper require an epi-pen?)

Medications/ restrictions:

Dietary concerns/restrictions:

(Please complete Pg. 2)

Are there any other conditions/concerns regarding your child's health?

Are there any activities that should child should not participate in?

Medical Authorization and Liability:

I understand that certain risks of injury are inherent to participation in recreational camp activities like sporting games, arts and crafts, hiking, farm tours and transportation for trips to and from our destination. Sprout Summer Growing Camp, Kelly McKinney, the City of Hamilton, the Royal Botanical Gardens, the McQuesten Urban Farm or staff/volunteers of any touring affiliation, are not responsible for any accident, injury or loss, however sustained, to your child or child's property, or for any personal injury or mishap. Activities will include hiking in forests, sports games with equipment, cooking/baking with tools, being in gardens with tools and arts and crafts with tools. I give my child permission to take day trips to local organic farms, farmer's markets, parks and trails. I give my child permission to play/swim in water areas, whether at City of Hamilton pools and splash pads, with appropriate lifesaving equipment and guidance (ex. Lifeguards on site). I understand and accept that such tours pose inherent risks for my child/ward; risks inherent to travelling, being in public spaces, being near farm animals, being outside when bad weather occurs and being near bodies of water, and being around or exposed to various foods. I understand and consent that scheduled activities may change or be rescheduled throughout the week as to avoid bad weather, and hazardous behavior, although this aspect cannot completely be avoided. I will prepare my child for a full day of activity by providing a full, nutritious lunch and equipment listed for physical activity (i.e. Close-toed shoes, light covering, clothing, hat, sunscreen, water).

I have read the above information and give consent for my child to participate in all activities. I understand that this program has a physicality component to it. I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. By signing below I acknowledge that my child is medically fit to undertake such activities. If there are any temporary restrictions to my child's health while at camp and unmentioned in registration forms, I will notify the camp counselors. If at any time any emergency medical treatment is necessary for my child, I give my consent for treatment to be given.

Signature of Parent or Guardian

Date

Photo/ Video Consent:

I hereby authorize you to take photographs and videos of my child/ward during camp activities and that such media may be used by Sprout Summer Growing Camp or affiliation, for promotional and educational uses.

Signature of Parent or Guardian

Date