

PARENT/GUARDIAN WAIVER AND RELEASE OF LIABILITY FORM

The participant and the parent/guardian understand, appreciate and accept the inherent physical risks of club activities. As a condition of registration, the participant and parent/guardian agree to be solely responsible for any personal property loss or damage and/or any personal injury sustained by the participant.

The Banook Canoe Club reserves the right to add the participant to a group most appropriate for their age or ability. The Banook Canoe Club reserves the right to request any participant to withdraw from the camp if the participant is not behaving in an appropriate and reasonable manner and to cancel the camp with a 100% refund.

The participant and parent/guardian acknowledge and agree to the Banook Canoe Club Sunscreen Policy.

I, the Parent/Guardian, understand that the Banook Canoe Club may use any photos taken of your child for promotional purposes, including the website and social media accounts.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Check-Out Authorization Plan

Please select one of the two options outlined below

Plan 1: Personally checking out your child is a great way to maintain communication with our camp staff regarding your child's camp experience. Please inform the staff of who will be picking up your child at the end of the day. Check out is at 4:30pm.

Plan 2: This plan authorizes your child to leave camp on their own at the end of the day. Please select the plan that works best for you on the Guardian Waiver and Release of Liability Form.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

PARENT/GUARDIAN CONTACT FORM

Child's Name: _____

Parent/Guardian: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Parent/Guardian: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

If parent/guardian is not available in an emergency, notify:

Name: _____

Relationship to Camper: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Medical Information

Child's Full Name: _____

MSI Card Number: _____

Birthdate: _____

Expiry Date: _____

Does your child have any allergies? If so, please indicate what they are and how serious the reaction (Penicillin, insect stings, etc.).

Allergy: _____ Reaction: _____ Medication: Yes No

Allergy: _____ Reaction: _____ Medication: Yes No

Does your child have any medical or health problems, or chronic or recurring illness, which would have any effect on their participation of camp activities?

Condition: _____ Reaction: _____ Medication: Yes No

Condition: _____ Reaction: _____ Medication: Yes No

Please list below any medication, which may need to be taken that in the event of a medical emergency:

Describe any procedures for administering medication(s):

Other comments or suggestions we should be aware of:

MEDICAL TREATMENT AUTHORIZATION:

I further understand that, in the event my child requires medical or dental treatment while engaged in activities with the Camp, reasonable efforts will be made by the Club to contact a parent or guardian. If a parent or guardian cannot be reached, I hereby consent and give permission to the Club Manager, officer, employee, or volunteer acting on behalf of the Camp as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the province where the services are rendered, either as an outpatient or in any hospital.

To the best of my knowledge, I have listed above all of my child's (children's') medical allergies, medications being taken, medical problems, and other pertinent information. If there are any changes, I will notify the staff and/or Club Manager.

This WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM is effective throughout the camp session, for which my child is registered.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date