

## PART A: FAMILY/GUARDIAN INFORMATION - Please print clearly

Main Contact/Parent/Guardian Last Name	First Name	Home Phone:	Cell Phone:	Business Phone:
Email Address <input type="checkbox"/> PRIVATE: Please do not contact me about programs/events via email.			Relationship to Camper	Birth Date D/M/Y
Family Address		Apt./Unit #	Town/City	Postal Code

## PART B: ADULT EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

Minimum of 2 other adult emergency contacts required. Only the adults listed & the Main Contact/Parent/Guardian are allowed to pick up camper.

1	Last Name	First Name	Home Phone	Business Phone	Cell Phone	Relationship to Camper
2	Last Name	First Name	Home Phone	Business Phone	Cell Phone	Relationship to Camper

## PART C: CAMPER INFORMATION

Camper Last Name	First Name	Birth Date D/M/Y	Age	Gender
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**Swim Ability - Personal Floatation Device (PFD) Requirements (please circle):** Yes, PFD required (no swim ability)

Yes, PFD required (6 yrs & under) Child can take deep end test (7 yrs +)      No, PFD is not required

**Sign In/Out Privileges:** Can your child sign in and out of camp on their own?  Yes       No

**Allergies:**  Yes, my child uses an EpiPen for (list allergy): \_\_\_\_\_

**Do you allow photos of the camper to be taken for publicity?**       Yes       No

Dates	Camp Code	Camp Name	Before Hours Code	After Hours Code	Bus Route Code	Total Fee
			Choose Before/After Hours or Busing. NOT both.			
June 29, 30, July 2, 3 (4 days)						
July 6-10						
July 13-17						
July 20-24						
July 27-31						
August 4-7 (4 days)						
August 10-14						
August 17-21						
August 24-28						
August 31-September 4						

**Special Needs/Medical:** Please list any information you would like us to be aware of: \_\_\_\_\_

Yes, my child requires one-to-one support. List applicable code(s): Support Code \_\_\_\_\_

Payment Options: CASH      CHEQUE      DEBIT      VISA      MASTERCARD      AMERICAN EXPRESS

Summer Camp Payment Plan (optional):

Camps June 29 – July 31 – Payments due June 3 | Camps August 4 – September 4 – Payment due July 2

If dropping off a registration form to be processed at a later date, the CSR will place funds for payment on account. Drop-off registration forms do not guarantee enrollment. If the course is full or registration incomplete, funds will be returned and you may join the waitlist. If paying by cash, refund will be issued by cheque or debit. Refunds by cheque may take up to 4 weeks to be processed.

**Please Note: You MUST read and sign the Waiver on the back of this page before your registration will be processed.**

# WAIVER FORM FOR PARTICIPANT IN A RECREATION PROGRAM

## **RECOMMENDATION**

You and/or your parent or guardian are urged to consult with the participant's family medical practitioner prior to participating in any activity(ies)/ program(s)/ event(s) offered by the Town of Ajax (The Town).

## **NOTICE OF COLLECTION OF PERSONAL INFORMATION**

Personal information collected on this form is collected under the authority of the *Municipal Act, S.O. 2001, c.25* and will be used for the purpose of program registration. Questions about this collection may be directed to the Records and FOI Coordinator at 65 Harwood Ave. South, Ajax, ON L1S 2H9 or 905-619-2529 ext. 3343.

## **ELEMENT OF RISK**

This activity/ program may present various elements of risk. Accidents resulting from such activities may occur and cause injury. These accidents result from the nature of the activity and can occur without any fault on either the part of the Town of Ajax or its employees, agents or representatives. By choosing to participate in the activity, the participant and/or their parent or guardian is assuming the risk of an accident occurring. Participants and or their guardian MUST assume the risk associated with the activity. The participant agrees to use caution and wear appropriate clothing and protective equipment, including but not limited to items as supplied or recommended by the Town of Ajax. The participant understands that part of the risk involved in undertaking any activity or program is relative to their own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which they conduct themselves in any activity or program. The participant acknowledges that it is the participant's right and responsibility to decrease or completely stop participating during any activity should the participant feel any pain, discomfort, fatigue or feel unsafe to continue doing so and that the participant will immediately (as soon as practical) inform the program employees or volunteers of their concerns or symptoms. It is the responsibility of the parent or guardian of the participant to inform and ensure that their participant understands this right.

## **RELEASE AND INDEMNIFICATION AGREEMENT**

In consideration of my (the participant) being permitted to participate in any activity(ies)/ program(s)/ event(s) offered by the Town of Ajax; I, myself, and/or my parent or guardian, my heirs, executors, administrators, successors and assigns do hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town of Ajax and all of their respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to my person or property however caused arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ event(s) as a participant or spectator.

## **CONSENT TO MEDICAL TREATMENT**

The participant and/or their parent or guardian hereby gives their permission for the Town employees or volunteers to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee or volunteer may consider necessary or advisable. I and/or my parent or guardian understand that all costs related to such actions shall be the participant's and/or the guardian's responsibility and I agree to pay for and/or reimburse the Town of Ajax for whatever costs that are incurred.

## **PHOTO WAIVER**

In the course of all program activities, photos may be taken and audio and/or visual records may be made. The Town of Ajax reserves the right to use all photographs and videos of all our activity(ies)/program(s)/event(s) for promotional purposes.

## **ACKNOWLEDGEMENT**

The person signing this form acknowledges that they are at least eighteen (18) years of age and are legally authorized and capable and have read the above and understand that in participating in any program offered and/or attending any facility, the participant and/or their parent or guardian is assuming the risks associated with doing so.

## **SIGNATURE**

**I have read and understand this waiver:**

Print Participant's Name:	Signature of Participant or Parent/Legal Guardian if Participant is under 18 Years of Age:	Date:
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**READ BEFORE SIGNING**