

EST. 1930



RKY CAMP

ON EAGLE LAKE

2020 RKY Outdoor Centre Programs

PARTICIPANT INFORMATION

NAME	BIRTHDATE (mm/dd/yyyy)	GENDER:
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2020 Dates and Rates

RKY PROGRAMS	Base Fee	DUKE OF EDINBURGH PROGRAMS	Base Fee
PA Day <i>(Ages 7 – 13), as of Dec 31, 2020</i> Friday January 31, 2020 Friday June 5, 2020	\$45.00 (No HST)	Bronze Preliminary, Practice and Qualifying February 15-17, 2020 (Winter Camping) March 15-17, 2020 (Winter Canoeing) May 15-17, 2020 (Canoeing)	\$360.00 (\$406.80 with tax)
March Break Camp <i>(Ages 8 – 13), as of Dec 31, 2020</i> March 16-20, 2020	\$450.00 (\$508.50 with HST)	Silver / Gold Preliminary, Practice and Qualifying February 13-17, 2020 (Winter Camping) – Silver Only March 15-20, 2020 (Winter Camping) – Silver / Gold** **\$600+HST (\$678.00 with tax) May 15-19, 2020 (Canoeing) – Silver Only	\$520.00 (\$587.60 with tax)
SUMMER DUKE OF EDINBURGH TRIP			Base Fee
Gold Preliminary, Practice and Qualifying (Ages 16+), as of Dec 31, 2020 August 9-14, 2020 (Canoeing) PLEASE NOTE WE DO NOT OFFER TRANSPORTATION FROM TRAIN STATION FOR THE AUGUST TRIP. PLEASE DROP OFF AT MOLLY BRANT SCHOOL IN KINGSTON OR AT RKY CAMP DIRECTLY			\$740.00 (\$836.20 with tax)

Please Select Transportation (Circle box):

PA Days, March Break Camp, and August

Duke of Ed ONLY:

Pick up / Drop off at:

Molly Brant Public School
 (30 Lyons Street, Kingston)
 RKY Camp, Parham (by parent)

Winter & Spring Duke of Ed ONLY:

Pick up / Drop off at:

RKY Camp, Parham (by parent)
 Kingston Train Station (Time TBD)

You will receive a registration confirmation email where you will be asked for your choice of transportation.

All transportation costs are included in RKY fees (excluding train fares to Kingston for Duke of Ed Winter/Spring participants).

PARTICIPANT HEALTH INFORMATION 2020

Participant's Name:			Birth date:		Gender:	
Address, with Apt # if applicable		City		Province/State		Postal Code/Zip Code
Primary contact info – for ALL correspondence re. this camper:				EMERGENCY CONTACT #1		
Name of Primary contact for registrant:				Name		
Last		First		Last		First
Address (or "same" if lives with registrant)			Apt # if applicable	Home Phone		Cell Phone
City	Province/State	Postal Code/Zip Code		Work Phone and ext.		Relationship to Camper:
Home Phone		Cell Phone		EMERGENCY CONTACT #2		
Work phone and ext.		Main email address		Name		
				Last		First
Camper's Ontario Health Card # and expiry date (optional)				Home Phone		Cell Phone
				Work Phone and ext.		Relationship to Camper:

HEALTH HISTORY AND PERSONAL INFORMATION

<p>Are your child's immunizations up to date? Yes No (Details): _____</p> <p>History of Communicable Diseases and Health Issues (Please Describe)</p> <p>Asthma <input type="checkbox"/> _____</p> <p>Diabetes _____</p> <p>Hay Fever _____</p> <p>Skin Conditions _____</p> <p>Hepatitis _____</p> <p>Chicken Pox _____</p> <p>Mumps _____</p> <p>Behaviour Issues _____</p> <p>Is your child on a medical vacation while at camp? Y / N</p> <p>Epilepsy _____</p> <p>Fainting _____</p> <p>Heart Condition _____</p> <p>Frequent Colds _____</p> <p>Other _____</p> <p>Dietary Needs:</p> <p><input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free</p> <p><input type="checkbox"/> Other Please provide any additional required details:</p>	<p><u>Allergies</u>: Please describe any allergies that your camper has, including type of reaction and regular treatment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Camp medical staff are able to provide over the counter medications for common ailments. Drugs provided can include acetaminophen, ibuprofen, cold medication, Gravol, etc... Please indicate any drugs that you do not wish us to provide if needed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please indicate any required medications while at camp and dosage</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>All medication must be in current, original packaging in the name of the camper, and outline the accurate dosage.</p> <p>Please contact the office directly with any other pertinent medical information we may require.</p>
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RKY CAMP 2020 – AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY

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Registration and Cancellation Policy

I, the undersigned custodial parent/guardian of the participant, understand and agree to the following RKY Camp policies:

- Participation in all RKY Camp programs is allocated on a first-come first-serve basis.
- All RKY Camp fees are subject to 13% HST.
- Incomplete applications will not be processed.
- **Full fee due upon registration.**
- All subsidy applications require a minimum \$25.00 deposit at the time of registration.
- Returned cheques or payments that are unable to be processed will be assessed a fee of \$25.00 for return.
- All fees, unless otherwise arranged with the RKY Camp registrar or director, are payable in full upon registration.
- Cancellations on or after February 1, 2020 will be allowable for medical reasons only. To qualify for a full refund (less any administrative fees) a Medical Certificate (i.e. doctor's note) must accompany written notice of cancellation. **No refund of any amount will be granted for non-medical cancellations received on or after February 1, 2020**
- Refunds will not be issued where a participant is removed from the RKY Camp program for any of the following reasons: at the choice or request of the participant or the participant's custodial parent/guardian, due to behavioral issues, or due to medical reasons.
- RKY Camp reserves the right to cancel registration if the participant's medical information is not completed and if signed authorization is not returned to the RKY Camp Office prior to the commencement of the camp session.
- RKY Camp reserves the right to cancel programs two weeks prior to their start date due to poor registration numbers. In the event of a cancellation due to poor registration numbers, full refunds will be provided for each participant.
- All cancellations and withdrawals from the RKY Camp must be made in writing to the RKY Camp Office.

Loss/Theft and Vandalism

RKY Camp is not responsible for lost, stolen or misplaced belongings of any kind. All valuables and belongings are brought to RKY Camp at the risk of the participant. RKY Camp reserves the right to charge any user of our site should equipment be intentionally broken, vandalized, or destroyed.

Removal from Camp Program

I, the undersigned custodial parent/guardian of the participant, understand and agree that intentional behavior by a participant that puts the participant or others at physical or emotional risk may result in immediate dismissal from the RKY Camp program. In addition, possession of alcohol, tobacco products and/or illegal or harmful substances will result in immediate dismissal from the RKY Camp program. Any expenses incurred due to dismissal from the RKY Camp program will be my sole responsibility. I, or a person I have designated in writing, must be available to pick up my child should he/she be dismissed from the RKY Camp program or should any emergency arise which requires emergency transportation of my child. I acknowledge that no refund will be provided to participants leaving camp prior to the end of the session due to disciplinary action.

Media Release and Promotional Materials

I understand that RKY Camp reserves the right to publish, reproduce, distribute and use for promotional purposes any videos, photographs and audio recordings of all participants enrolled in their programs. These materials shall be used without any compensation and are the property of RKY Camp. Photos, video and audio clips may appear on but are not limited to RKY Camp print materials, website, social media and other media outlets.

Canadian Anti-Spam Law

I would like to receive emails from RKY Camp. Much information that is pertinent to your program is transmitted through email. I consent to receive information via email from RKY Camp. You may unsubscribe at any time by responding to any emails with an unsubscribe request. Your email is strictly for RKY Camp purposes and will not be shared in any way.

Assumption and Acknowledgement of Risk

I understand that there is some risk involved in the activities offered by the RKY Camp, both on and off the camp property. I have been given the opportunity to inquire about the safety and behavior standards enforced at RKY Camp. I understand that despite all reasonable precautions being in place to provide proper organization, supervision, and equipment for all activities, circumstances may arise which are not foreseeable or which are beyond the control of the RKY Camp. I understand and acknowledge that RKY Camp is not responsible for any damages caused by the delay or failure to perform or complete any activities or to provide any transportation or accommodation related to the program when the delay or failure is due to fires, strikes, floods, acts of God, lawful acts of public authorities, or delays or defaults caused by common carriers, which cannot reasonably be foreseen or provided against.

I acknowledge and assume any and all risks associated with my child's participation in the program. I wish for my child to participate in the program.

I further acknowledge that I have discussed with my child his/her obligations to follow RKY Camp rules, regulations, policies and procedures so as not to endanger fellow participants and staff and to ensure the camp experience is enjoyable for all participants. I believe that my child understands his/her obligations in this respect and the consequences of any misconduct.

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Consent and Medical Authorization

By registering my child for the RKY Camp I am providing my consent for him/her to participate in all RKY Camp activities. To the best of my knowledge, my child is in good health.

I have disclosed all of the necessary information about my child's needs and abilities on the registration form. I am aware that my child may be removed from the RKY Camp program if I fail to share the requested information with RKY Camp. I grant permission for RKY Camp to share information about my child and family with program partners and other community agencies as necessary. Participation in the RKY Camp requires that every participant has health insurance coverage. I acknowledge that I have obtained adequate health insurance coverage for my child. I will inform RKY Camp of any changes in my child's health. I certify that my child meets the required age, and is emotionally and physically capable of participating in the activities for which he/she is registered. I will notify RKY Camp if my child is exposed to an infectious disease during the three weeks prior to arriving at camp.

I authorize RKY Camp wellness staff to administer my child any required medication as outlined in this information package. In case of emergency I grant RKY Camp staff authority to act on my behalf. In case of surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, selected by the Camp Director, to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child, if deemed necessary.

I am the custodial parent and/or legal guardian of my child.

There is a custodial order/arrangement in place for the custody of my child (please circle): Yes No

If there is a custodial order/arrangement in place for the custody of my child, I acknowledge that I am required to provide the custodial order/arrangement to RKY Camp staff prior to the commencement of the RKY Camp program. I acknowledge that my child may not be permitted to attend camp without this.

Release, Indemnity, and Waiver

In exchange for RKY Camp permitting my child to participate in the program, I hereby release and indemnify RKY Camp, including its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from any and all claims arising from, connected with, or in preparation for, participation in RKY Camp programs or activities, including for personal injury and property damage sustained in consequence of loss, injury or damage to me or my child, howsoever caused, including any and all claims in tort, negligence or breach of contract.

Furthermore, I waive any and all rights to participating in a class action lawsuit against RKY Camp.

Any claims and/or lawsuits against RKY Camp, including its directors, staff, volunteers, agents or assigns, shall take place under the exclusive jurisdiction of the laws and regulations of Ontario, and the applicable law to be applied to any dispute shall be the laws of Ontario.

In order to ensure the safety and well-being of all participants, I acknowledge that RKY Camp reserves the right to alter the program at any time without compensation to participants, parents or guardians. I agree to assume any expense(s) arising from program dismissal.

I confirm that all legal guardians have read and are in agreement with the above AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY and that all legal guardians have read and agree to abide by RKY Camp's terms and conditions. As the custodial parent and/or legal guardian, I have the authority to sign on behalf of my child.

In signing this AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY, I consent to my child, _____, participating in the RKY Camp.
(PRINT CHILD'S NAME)

Signature of Custodial Parent/Guardian

Printed Name of Custodial Parent/Guardian

Date