

RKY CAMP

ON EAGLE LAKE

RKY PARTICIPANT INFORMATION

FULL NAME:

BIRTHDATE:

GENDER:

CABIN MATE REQUEST:

SESSION:

RKY makes every effort to accommodate **one written** mutual cabin mate requests of campers who are the same age, gender, and registered in the same program. We ask that you only list **one request**. Requests are **NOT** guaranteed, as has been RKY camp policy. Any questions or special requests should be made directly to the Camp Director. RKY Camp encourages all children to work together and build new lasting friendships.

2022 CAMPER INTRODUCTION AND EXPERIENCE

Camp Experience

Years at RKY _____

Experience at Other Camps _____

Habits & Home Life

Do you expect your child to be homesick?

Does your child make friends easily?

Please describe your child's eating habits?

Have there been any significant family changes in the last year?

Pandemic Impact

If there is any additional information regarding the pandemic's effect on your child, please provide a description below for our staff to review before your child's time at camp:

2022 Participant health Information

(to be reviewed by relevant Camp Staff and in case of emergency)

Camper's Name:			Birth date:		Gender:	
Address, with Apt # if applicable		City		Province/State		Postal Code / Zip Code
Primary Contact Info. and Camper's Health Card				EMERGENCY CONTACT #1		
Name of Primary contact for camper:				Name		
Last		First		Last		First
Address (or "same" if lives with camper)			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.			Email		Name	
					Last	
					First	
Camper's Ontario Health Card # and expiry date (optional)		Out of province camper: Health Insurance Provider and Policy #		Home Phone		Cell Phone
				Work Phone and ext.		Relationship to Camper
Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No (Details: _____) What is your child's COVID-19 Vaccination Status? <input type="checkbox"/> One Dose <input type="checkbox"/> Second Dose (Date : _____)*REQUIRED BY POLICY <input type="checkbox"/> Booster Dose (Date: _____)				Allergies : Please describe any allergies that your camper has, including type of reaction and regular treatment: _____ _____ _____ _____ If any of your child's allergies mimic the symptoms of COVID-19, please describe the specific symptoms and the conditions that cause them: Please indicate any required medications while at camp and dosage _____ _____ _____ All medication must be in current, original packaging in the name of the camper, and outline the accurate dosage. If possible please ask your pharmacist to package prescription medication in "blister packs", organized by dose and date. Please contact wellness@rkycamp directly with any other pertinent medical information we may require.		
History of Communicable Diseases and Health Issues (Please Describe) <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Skin Conditions _____ <input type="checkbox"/> Hepatitis _____ <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Is your child on a medical vacation while at camp? Y / N <input type="checkbox"/> Epilepsy _____ <input type="checkbox"/> Fainting _____ <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Frequent Colds _____ <input type="checkbox"/> Other _____ Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other Please provide any additional required details: _____						

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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.

COVID-19 Acknowledgement

RKY camp will conduct its operations in compliance with all related guidance provided by Public Health. I acknowledge that this guidance may change without prior notice. I acknowledge that by allowing my child to participate in the summer camp program at RKY Camp, they may come in contact with the Covid 19 virus. I understand the risks associated with exposure to Covid 19.

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