

# Aamjiwnaang Niibin Gabeshiwin

## REGISTRATION AND WAIVER FORM

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I give permission for my child to walk to and from camp each morning and afternoon

My child can be picked up by: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

#### **Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact (family, friend, etc)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Please outline any health concerns your child might have (special dietary needs, allergies, asthma, diabetes, diagnosed behavioural issues, epilepsy, heart condition, etc) Please provide details:

\_\_\_\_\_

My child requires special needs accommodation. Please provide details:

\_\_\_\_\_

## INFORMED CONSENT

Although Aamjiwnaang Niibin Gabeshiwin takes extreme pride, care and measures to deliver an exceptional program, while adhering to safe practices, by signing the permission form and allowing my child to participate, I agree that I will not hold liable the Aamjiwnaang First Nation or any of the Niibin Gabeshiwin staff for any injury, loss of property, or anything else, due to accident, inappropriate behaviour on the part of the children, or for any other reason whatsoever.

I understand that a parent or guardian is responsible to drop my child off at 9:00am and pick them up at 3:00pm. It is not the responsibility of Niibin Gabeshiwin to provide transportation for my child. If for any reason I will be late arriving or picking up, I will inform the Niibin Gabeshiwin staff. There is a late pickup fee of \$3.00 per child payable in cash upon arrival. I will notify Niibin Gabeshiwin staff of any dates that my child will not be attending camp.

I give permission for my child to receive basic first aid/medical care from instructors certified in first aid or trained medical professionals as required. I give permission for my child to be transported to their physician's office or the Emergency Department, with no liability on the driver's part. In the case of an accident or emergency, the phone numbers provided will be contacted.

I understand that this program involves trips from the Community Centre to various locations. I give permission for my child to be taken from the premises by means of public or private transportation, on outings or walks that are scheduled as part of the program.

I understand that use of personal electronic devices will not be allowed during camp.

I understand that unless otherwise indicated in writing, my child may appear in any publicity of the Aamjiwnaang Niibin Gabeshiwin through various media, newspaper, radio, television, photograph, social media, slide presentations, or other publications.

### **COVID-19**

**I agree to screen my child every day before camp using the online tool <https://covid-19.ontario.ca/school-screening/>. I understand I cannot send my child to camp when they are experiencing symptoms, feeling unwell, or required to be in isolation.**

I understand that if my child misses more than a week of camp, without communication, their spot will be given to a camper on the waitlist.

I declare having read and understood the above in its entirety, fully understand its contents and hereby consent to my/our child's participation in camp activities. I also certify that the information provided in this form is, to my knowledge, true and complete.

\_\_\_\_\_  
PRINTED NAME OF CAMPER

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Forms must be completed and handed in on time to secure a spot. **LIMITED SPACE AVAILABLE.**

## CAMP DATES

We cannot guarantee that you will get your preferred session, but will do our best to accommodate.

Please indicate your preferred session:

July 13 to July 29 (3 weeks)

August 3 to 19 (3 weeks)

If there are extra spots, I am interested in having my child attend both 3-week sessions:

YES

NO