

SOAR CAMP HEALTH AND REGISTRATION FORM

The camp must be notified of any change in health status from the time this form is completed until the time the camper attends camp. This form does not require a physician to fill out this form nor is a physical examination required. Ministry of Health dictates that parents who choose to have a physician complete this form may incur expenses.

We understand circumstances arise and cancellations may be necessary. Please do your best to notify us at least 2 weeks prior to the start date of registered camp to receive a full refund. Any cancellation that is not given within the 2 week time period will be charged a 50% non-refundable cancellation fee. If there is no communication of cancellation and the camper is a no-show for the registered week of camp, a 100% non-refundable cancellation fee will be charged.

CAMP SELECTION: ☐ Sport Camp ☐ Watersport Camp (Ages 6-12 only) ☐ Counselor-in-Training (CIT)

AGE DIVISION:

- ☐ Age 4-5
☐ Age 6-7
☐ Age 8-9
☐ Age 10-12
☐ Age 13-15
(Counselor-in-Training)

REGISTER MY CHILD FOR THE WEEK(S) OF:

(Monday - Friday)

☐ June 29 - July 3

☐ July 6 - July 10

☐ July 13 - July 17

☐ July 20 - July 24

☐ July 27 - July 31

☐ Aug 3 - Aug 7

☐ Aug 10 - Aug 14

☐ Aug 17 - Aug 21

☐ Aug 24 - Aug 28

REGISTER FOR COUNSELOR TRAINING:

(Monday - Friday)

Level 1

☐ June 29 - July 3

Level 1 & 2

☐ July 6 - July 10

Level 2

☐ July 13 - July 17



CONTACT INFORMATION:

Clublink Membership Number: _____

Registrant/Camper Name: _____

Sex: ☐ M ☐ F Date of Birth (MM/DD/YYYY) _____

Health Card #: _____ Version Code: _____

Home Address: _____ Home Phone #: _____

Custody issues we need to be aware of: ☐ Yes ☐ No

Contact #1:

Name: _____ Relationship: _____

Home Phone #: _____ Cell #: _____

Contact #2:

Name: _____ Relationship: _____

Home Phone #: _____ Cell #: _____

If unable to contact either parent/guardian listed above, in the event of an emergency, please give us the name of a contact that we can notify and will be able to authorize emergency medical treatment. This person knows my child and has agreed to be contacted in the event I am not available:

Emergency Contact #1 (different from contact #1 or #2):

Name: _____ Relationship: _____

Home Phone #: _____ Cell #: _____

Physician Information: Family Doctor Name: _____ Phone #: _____

Immunizations:

Health Canada states the following immunizations are mandatory: Measles, Mumps, Rubella, Pertussis, Tetanus, Diphtheria, Polio, Meningococcal, and Chicken Pox.

As per Health Canada stipulations, I confirm that my child up to date on his/her age appropriate immunizations. ☐ Yes

Anaphylactic Allergies:

Does the camper have any anaphylactic (life-threatening) allergies? ☐ Yes ☐ No

If yes, please list the anaphylactic allergy: _____

Type of auto injector: **EpiPen®:** ☐ Adult ☐ Junior **Allerject®:** ☐ Adult ☐ Junior

Date of last anaphylactic reaction: (MM/DD/YYYY) _____

**If your child has a life-threatening allergy you MUST fill out an "ANAPHYLAXIS EMERGENCY PLAN FORM"
Refer to www.anaphylaxiscanada.ca for sample forms)*



Medically Confirmed Allergies and/or Notable Sensitivities:

Please check all that apply:

☐ Nuts/Peanuts/Tree nuts ☐ Dairy ☐ Other Food, please specify: _____

☐ Drugs/Medication, please specify: _____

☐ Environmental (hay fever etc.), please specify: _____

☐ Latex (balloons, gloves, band aides etc.), please specify: _____

☐ Animals/Insects, please specify: _____

☐ Other, please specify: _____

Is the camper under any form of treatment for an illness, condition or injury? ☐ Yes ☐ No

If yes, please specify: _____

Has the camper ever experienced a concussion? ☐ Yes ☐ No

Following **Parachute Canada** protocol, if **SOAR Camp** staff feel the camper has hit his/her head, you will be called to pick your child up and depending on the severity of the incident, you may be required to get the examining physician to complete a Return to Play form stating that the child has been cleared to participate in all activities. I agree that following this protocol is in my child's best interest.

☐ Yes

Assumption of Risk and Indemnifying Release

While SOAR Management staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a SOAR Camp ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge SOAR Management, Clublink Corporation ULC, The Lake Joseph Club, and their respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

Parent/Guardian Signature: _____ Date: _____

Photo Release

I, _____, do hereby give my consent to SOAR Management to take and use any photographs taken of myself and my family, whether photographed alone or with other persons for their use in the following forms of promotional material. I understand that said photographs may be used for display purposes in brochures, pamphlets, and other promotional material of that sort, and/or on the website or on social media platforms used solely for the purpose of promoting SOAR Management and The Lake Joseph Club. Furthermore, I understand that said photographs will not be used for any purposes than those mentioned above without expressed consent from myself. I release the right to view or approve any photographs obtained to use by SOAR Management or Lake Joseph Club.

Parent/Guardian Signature: _____ Date: _____