



# Camp Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact, in that case parents cannot be reached, we should contact:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please list ALL people authorized to sign your child in and out of day camp:**


**Please indicate which days/ weeks your Child will attend:**

Date	Days Attending	Date	Days Attending
July 4th to 8 <sup>th</sup>		August 2nd to 5th	
July 11th to 15th		August 8th to 12th	
July 18 to 22nd		August 15th to 19th	
July 25 to 29th		August 22nd to 26th	

**Medical:**

Please list any medical conditions we should be made aware of; i.e. Usage of an Epi-pen, allergies, ADHD, ASD, Mental Health, physical disabilities, learning disabilities or anything special we should know about your child. Please list signs, symptoms, and treatment.

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Will your child require medication while in our program **Yes** **No**  
If yes, do you grant your child permission to take their medication as directed in the chart below? **Yes** **No**

**Please note:** Camp staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it according to written instructions. Staff are not responsible for “missed doses” but will do their best to avoid this situation.

**\*\*\*Medication must not be stored with personal belongings (ie. Backpacks, lunch bags)**

<b>Drug</b>	<b>Prescription #</b>	<b>Dose</b>	<b>Time(s)</b>	<b>Signature</b>

**Medications** (including epi-pens) must be submitted in its original prescription bottle with your child’s name on it.

Anaphylaxis management and the use of epinephrine auto-injectors (epi-pen or twinjet) is a shared responsibility. Practising emergency drills with your child results in effective emergency response in the case of a reaction.

**Campers must be mindful of their allergies.** Campers should:

1. Carry at least one epinephrine auto-injector as age appropriate.
2. Inform staff if they suspect a reaction is happening
3. Ensure that asthma is well controlled and managed coming into the environment (indoor/ outdoor play)

In the case of a camper experiencing a severe, potentially life-threatening allergic reaction, staff will administer the epinephrine auto-injector and call 911. For EMS, please complete the following:

Health Card Number: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Doctors  
Phone: \_\_\_\_\_

**Sun Sense:** It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with their name in their backpacks for additional application. Please show your child how to apply sunscreen themselves.

If you child does not have sunscreen available, does Sealy Karate School staff have the authorization to make some available to them? **Yes** **No**

**Attention: My child has an allergy to sunscreen** **Yes** **No**

### Behaviour Contract

Sealy Karate schools reserves the right to ask parents to withdraw their child from the special event or camp program if basic behaviour expectations are not met.

Examples:

- Verbal or physical abuse against campers or staff
- Stealing or any other illegal actions
- Constant disregard toward staff's directions or guidance

It is understood that participants will be properly supervised and that all reasonable safety precautions will be taken.

Upon signing this form, permission is given to Sealy Karate Schools or its representatives to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/ or guardian.

I have read and understood ALL the information in this day camp package, including this consent form, information pertaining to the behaviour policy, refunds, and absenteeism.

_____ <b>Signature of Parent/ Guardian</b>	_____ <b>Date</b>
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This information is used for the purpose of registration only. Additional questions respecting the Special Event or Day Camp program being offered by Sealy Karate Schools should be address by our program director at 519-821-5425

**Assumption of Risk and Indemnifying Release:**

While Sealy Karate School Staff will make every reasonable effort to minimize exposure to known risks associated with each registrant (defined above) participation in a Sealy Karate Schools program (the “program”) I hereby acknowledge that I and/ or my child if I am registering on their behalf may be required, depending on the nature of the program, to participate in various physical activities that may involve risk or 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 registration. In consideration for the registrant opportunity to participate in the program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge Sealy Karate Schools, its respective owners, directors, employees or volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequences 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.

**Please Initial:** \_\_\_\_\_

**Disclaimer:**

All programs are subject to change or cancellation due to low enrollment or other unforeseen circumstances that are prohibitive to the operation of the program.

**Please Initial:** \_\_\_\_\_

**Lost and Found Disclaimer**

Our staff will do their best to ensure campers come home with all their personal belongings however Sealy Karate Schools cannot be held responsible for any lost or damaged items. We encourage camper families to ensure valuables, including technology and toys, are left at home and campers wear clothes that are okay to get dirty while having fun!

**Please Initial:** \_\_\_\_\_

## Payment and Cancellation Policy

1. Camp fees are \$50 per day, or \$250 per week. Discount of 10% for full week camp fees paid prior to April 15<sup>th</sup>, 2022.
  - a. August 2<sup>nd</sup> to 8<sup>th</sup> camp \$200/ week – closed Monday August 1<sup>st</sup> for Civic Holiday
2. Invoice will be emailed once camp registration form received. Payment can be made in Cash, Debit, Credit Card, Apple Pay or Google Pay.
3. Full payment is preferred at the time of registration; however, you can make an initial payment of \$50 for each camper at the time of registration. All balances must be paid in full before June 1st, 2022 and registrations after this date must be paid in full.
4. Changes to another week are permitted based on availability. Credit can be held on account if another week is not available.
5. All cancellations requesting refund will be assessed a \$10 processing fee.
6. Cancellations until May 30th, 2022 will receive no penalty. Cancellations, for any reason must be received via e-mail to [info@sealykarate.ca](mailto:info@sealykarate.ca)
7. Cancellations received from June 1st - June 26th will receive 50% of their fees unless COVID-related.
8. There are no refunds for cancellations received after June 26<sup>th</sup>.
9. Due to the unpredictable nature of the COVID-19 pandemic, a penalty-free cancellation and a 100% credit of camp fees will be provided if required:
  - a. If a camper is showing symptoms of Covid-19 and we are notified before the start of camp, a 100% refund will be given
  - b. If a camper is showing symptoms of Covid-19 and we are notified during the scheduled week of camp, we will provide a partial refund according to the number of days attended in the week.
10. If in-person camp is canceled by Government, we will offer a full credit to our families.

**Please Initial:** \_\_\_\_\_