2018 SUMMER REGISTRATION FORM

Participant’s Name: _____________________________________

Please circle one: Male / Female / Prefer not to disclose

Grade Entering in September: _______

Address: ________________________________  City: ____________________________

Postal Code: __________________________

<table>
<thead>
<tr>
<th>Explore Junior (SK – Grade 3)</th>
<th>Explore Senior (Grades 4-8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ August 15–17. Around the World in 5 days ($210)</td>
<td></td>
</tr>
<tr>
<td>☐ August 20–24. Land Before Time ($210)</td>
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</tbody>
</table>

* 4 day week (holiday week)

Extended Care (8:00AM–5:00PM) – An additional charge of $35 per full week; $30 per holiday week. ☐ Yes ☐ No

Is there anyone you want to be in a group with? ________________________________

How did you hear/know about Explore Camp? ________________________________

Parent/Guardian Contact Information:

Please note the parent/guardian listed below will receive a phone call closer to the participant’s camp session regarding the week’s agenda and important information.

Name: ________________________________  Relationship to Participant: ________________________________

Address (omit if same as participant): ________________________________________________

Email: ________________________________
Emergency Contact Information
Please include a contact in case there is a circumstance that we cannot reach parent/guardian.

Name: ___________________________ Relationship to Participant: ______________________

Phone Number (home): _______________ Phone Number (work): ________________

Explore Pick-Up & Drop Off Procedure
The following people have permission to pick the participant up (include name, relationship and phone number):

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

Do you have any specific access restriction situations we should be aware of?

Medical Information & Additional Information

Name of family physician: ____________________ Phone Number:_________________

Health Card Number, __________________________

Does your camper have any current medical problems? If yes, please explain:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Is your camper currently taking any medication? If yes, please list below. Please include explicit instructions if this medication needs to be administered during camp day. Only the daily dose needed should be brought to camp each day. Medication brought to camp must be in the original container from the pharmacy clearly stating the child’s name and dosage. Staff cannot administer medications to campers.

_________________________________________________________________________________

_________________________________________________________________________________

Does your camper have any allergies? If yes please list and describe any details we should know about:
Does your child have any special needs we should be aware of? If yes, please answer the following:

1) Describe the special needs or requirements of the camper

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2) Will your child require extra support from our staff to complete regular day-to-day activities? If so, which activities?

_________________________________________________________________________________
_________________________________________________________________________________

3) Is your child upset or frustrated easily? If so, by what? (e.g. competitive games, loud noises, etc.)

_________________________________________________________________________________
_________________________________________________________________________________

4) If your child becomes upset, how do they react and how should the Explore staff accommodate your child?

_________________________________________________________________________________
_________________________________________________________________________________

5) Is there anything else you would like us to know?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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**Swimming and Field Trips**

Each week Explore Camp goes to the ARC on campus for swimming as well as off-campus educational field trip. Parents/Guardians will be notified of trips closer to the date. **The following must be filled out and signed before your camper is able to participate.**

**Junior Participants.**

**Junior participants are required to stay in the shallow end and wear a life jacket.** The only exception is if the child takes a height test, which would allow the child to swim in the shallow end without a life jacket.

I, __________________ (Parent/Guardian) have read and understood that the junior participant is required to wear a life jacket, and will inform the participant.
Senior Participants

Senior participants are required to stay in the shallow end UNLESS they take and pass a swim test organized by the ARC lifeguards. Passing the swim test would allow the participant to swim in both shallow and deep ends of the pool.
I, ___________________ (Parent/Guardian) have read and understood the senior participant is required to stay in the shallow end, and will inform the participant.

As the parent/guardian, do you wish for the participant to take a swim test? ☐ Yes ☐ No

Epinephrine Administration Waiver
Your child is responsible for carrying his/her EpiPen or inhaler with him/her at all times. The child will show the counsellor where it is carried. The use of a fanny pack has proven the most successful way to do this. In the event of an incident, the child will administer the EpiPen. Please sign here to indicate that you agree with this policy.

_________________________  ________________________
Signature of Parent/Guardian  Date

Camper Release Form

I, ___________________ as the parent/guardian of __________________ permit my child to participate in Explore Camp activities under the supervision of the camp instructors, and hereby release Explore Camp, its directors, instructors, volunteers and/or affiliates from any claim or action of any kind for damages, loss or injury, excepting those caused by neglect, which may occur as a result of my child’s participation. I agree that Explore Camp may seek immediate medical attention for any injury, which my child may incur during the course of the camp session(s)

________________________  __________________
Signature of Parent/Guardian  Date

During your child’s session at camp, the staff may take pictures as a means of remembering the events of the summer. These pictures will be used in a slideshow at the Parent/Guardian Open House at the end of every week. There pictures may also be posted on our website in order to showcase the activities we do during the summer. As well, pictures may be used for promotional purposes on brochures, posters and in sponsorship packages. In order to use your child’s photograph it is necessary to obtain your permission.
I hereby allow Explore Camp to use my child’s photograph for camp promotional purposes only, as they see fit.

________________________  __________________
Signature of Parent/Guardian  Date

For Explore Participants.

I, __________________, agree to comply with all safety precautions and rules while at Explore. I will listen to my instructor and the directions they give for each activity, and will ask if I need clarification of any of these instructions. I will approach all activities in a mature manner and promise to try each activity.

________________________  __________________
Signature of Camper   Date

Protection of Personal Information. The personal information we collect from you on this form is collected under the authority of the Queen’s University Royal Charter, 1841, as amended, and is used for the following purposes: confirmation of eligibility, waiver of stated rights and registration purposes only. The information is held for one year after the date on the registration form, and protected from misuse by appropriate security measures. By signing this form you are consenting to your information being used for the above stated purposes. Questions regarding the collection or use of this personal information should be directed to Kathy Hoover, Department of Geography and Planning, 68 University Ave, Kingston, Ontario K7L3N6, or via telephone 613 533–6000 X77214 or via email at hooverk@queensu.ca.

REFUND POLICY:

• A camper is registered for a session when payment in full has been made
• The administration fee is $50
• Prior to June 15 payment is available for refund (less administration fee) upon cancellation. For cancelation on/after June 15 all payment are non-refundable.
• No refund will be made for a camper who withdraws at any time after the start of their registered session. There is no reduction of fees for late arrival or early departure, nor is there a refund if a camper is required to leave per request by the management of Explore Camp.
• Cancellations due to injuries and illness may also be subject to the refund policy outlined above, at the discretion of the Camp Director.