



# CAMP MUSKOKA

## OUTDOOR EDUCATION LEADERSHIP CENTRE

1745 Fraserburg Road • RR 5 • Bracebridge • Ontario • P1L 1X3



### REGISTRATION FORM

ONE STUDENT PER FORM

The information requested in this registration form is voluntary for the purpose of providing an extended level of care to the participant while attending Camp Muskoka as well as contact information should the camp need to contact the participant's family prior to the trip to discuss special arrangements or in the event of an emergency. Any information will be held in strict confidence and disclosed to only the staff and chaperones of the visiting school and Camp Muskoka staff. Upon conclusion of the excursion, all personal information and personal health information will be securely archived and destroyed 7 years after the participant turns 18 years of age in compliance with provincial legislation. It is the parent or guardian's sole discretion whether they wish to volunteer the information requested in this form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female Date of Birth:    /    /   

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

1st Parent/Guardian Name: \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_

Work Tel: (\_\_\_\_) \_\_\_\_\_ Cell Tel: (\_\_\_\_) \_\_\_\_\_ Other Tel: (\_\_\_\_) \_\_\_\_\_

2nd Parent/Guardian Name: \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_

Work Tel: (\_\_\_\_) \_\_\_\_\_ Cell Tel: (\_\_\_\_) \_\_\_\_\_ Other Tel: (\_\_\_\_) \_\_\_\_\_

Please name an alternative person that we may contact in case of an emergency: \_\_\_\_\_

Relationship with student: \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_

Work Tel: (\_\_\_\_) \_\_\_\_\_ Cell Tel: (\_\_\_\_) \_\_\_\_\_ Other Tel: (\_\_\_\_) \_\_\_\_\_

Are there custodial rights that we should know about regarding your child?  YES  NO

Please give details: \_\_\_\_\_

#### INFORMED CONSENT / CONDITIONS OF ENROLLMENT:

**1. THIS FORM MUST BE READ AND SIGNED BY EACH STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT. 2. ELEMENTS OF RISK:** Educational activity programs, such as Camp Muskoka Outdoor Education Leadership Centre involve certain elements of risk. Injuries may occur while participating in these activities. Examples of the types of injury which may result from participating in an extended day of outdoor education activities, includes, but is not limited to, the following: slips, trips and falls, fatigue, dehydration or sun stroke, strained muscles. The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents, Camp Muskoka, or its' employees/agents. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions and safety guidelines at all times while engaged in the activity. If you choose to participate in the Camp Muskoka Outdoor Education Leadership Centre excursion, you must understand that you bear the responsibility for any injury that might occur. **3.** The Camp reserves the right to dismiss a student who in his/her opinion is a hazard to the safety of others, or who appears to have rejected the reasonable controls of the camp. **4.** The signature of the parent/guardian on this application gives the Camp the right to arrange for any special services or other requirements necessary for the best interest of the student and shall give the Camp the right to approve and obtain medical attention necessary for the student's welfare and good health including ordering injection, anesthesia or surgery. In such a situation the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such services. **5.** We agree to permit the reasonable use of photographs and videos or other pictures of the above named student in promoting the camp or camp activities and programs. **6.** Refund policy: No refund will be made for dismissals due to disciplinary action, late arrivals or early departures. **7.** Reasonable precautions will be taken by Camp Muskoka to protect student property but students are responsible to ensure that their property is not lost, stolen or damaged. **8.** Medical Updates - It is the responsibility of the Parent/Guardian to notify Camp Muskoka in writing if any information on this health certificate should change between the time of registration and the time of arrival to camp (i.e. exposure to any communicable disease, etc.). **9.** If there are any conditions that you do not agree to please completely cross them out with black ink, initial and provide a brief explanation on an attached sheet. **ACKNOWLEDGEMENT:** WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT HEALTH CERTIFICATE

The disclosure of any information below is completely voluntary. The information in this section will be kept confidential by the Camp Muskoka staff and shared only with the staff and or chaperones of the attending school and/or medical staff in the event of emergency. It is requested only for the purpose of providing an extended level of care to your child and to ensure programs are inclusive to all students in attendance. If any additional information would be helpful to staff please feel free to attach additional pages.

Does the student have any physical or emotional needs?  YES  NO Please give details: \_\_\_\_\_

Has the student had any operations, illness or injury within the last 12 months?  YES  NO Please give details: \_\_\_\_\_

Does the student have allergies?  YES  NO Please give details: \_\_\_\_\_

Will the student be bringing any medications to camp?  YES  NO Please give details: \_\_\_\_\_

If there are any injections, special medications or treatments to be given at camp, explain when and how they are to be administered: \_\_\_\_\_

All medications brought to camp by the student must be secured in the camp infirmary in accordance with Camp and School Board policy and will be administered as specified on this form. If it is necessary for the student to carry "emergency medication" (i.e. Inhalers, EpiPen) – please send two, along with a waist pouch so that they may do so.

Is there any information that may be useful to the Camp Muskoka staff or an emergency physician?  YES  NO

Please give details: \_\_\_\_\_

## SPECIAL DIETARY NEEDS

Please check all that apply:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Vegetarian       | <input type="checkbox"/> Vegan              | <input type="checkbox"/> No Pork                                   | <input type="checkbox"/> No Beef       | <input type="checkbox"/> Halal          |
| <input type="checkbox"/> Diabetic         | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Celiac Disease                            | <input type="checkbox"/> Egg Allergy   | <input type="checkbox"/> Soy Allergy    |
| <input type="checkbox"/> Fish Allergy     | <input type="checkbox"/> Shell Fish Allergy | <input type="checkbox"/> Sesame Allergy                            | <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Peanut Allergy |
| <input type="checkbox"/> Tree Nut Allergy | <input type="checkbox"/> Gluten Allergy     | <input type="checkbox"/> Other Food Allergies - Please List: _____ |  |   |

Are any of these allergies Anaphylactic in nature? If so, which ones: \_\_\_\_\_

## MEDICAL DIRECTIVES

By signing this registration form, the parent or guardian is granting consent to the management of Camp Muskoka in advance to administer or authorize staff to administer the following medications without further parental notification, if necessary for your child's comfort, welfare and good health. Should the parent/guardian oppose any of the following medications please clearly cross them off of the list and provide us with a brief explanation below. In the event that medications are administered to student, details will be recorded and attached to the participant's registration form and dealt with in accordance with our information policy.

<b>Medication</b>	<b>Administered for:</b>
Calamine Lotion	Itching due to insect bites, minor skin irritations, poison ivy / oak
Benadryl	Hay fever, allergic reactions
Tylenol/Acetaminophen	Headache, toothache, menstrual pain, fever, earache
Advil/Ibuprofen	Headache, toothache, menstrual pain, fever, earache
Gravol	Travel sickness, nausea, vomiting
Pepto-Bismol	Heartburn, indigestion, upset stomach, nausea, diarrhea
Hydrogen Peroxide	Mild sterilizing agent for cuts and scrapes
Benzochloride Swabs	Mild sterilizing agent for cuts and scrapes
Latex-Free Gloves	Barrier device used by First-aid personnel when dealing with situations
Alcohol Swabs	Sterilizing agent for cleaning cuts and scrapes
Polysporin	Pain relief from minor burns, cuts and scrapes
After bite	Fast relief from insect bites and stings

Explanation: \_\_\_\_\_