

**Equinox** ~ **Adventure Camps** 

PO Box 31391 Whitehorse, YT Y1A 6K8 (867) 334-3725 camp@equinoxyukon.com www.equinoxyukon.com

# **2020 Spring Registration Form**

(one form per child please)

Name of Child:			Gender:				
Date of Birth (d/m/y): _	Age a	t Camp:	Is this a Returning Camper? □Yes	□No			
Name of Parent(s) / Guardian(s):							
Who does Camper live with:							
Address:		City:	Postal Code:				
Phone:	Email:		(camp receipts will be sent	t by email)			
Additional Emergenc	<mark>y Contact Phone Nu</mark>	<mark>ımbers:</mark>					
Phone:	Belongs to:		_ Relation to Camper:				
Phone:	Belongs to:		_ Relation to Camper:				

Camp Fees				
	Item Cost	Sub Total		
Week 1, Mar. 16 - 20	\$355			
Week 2, Mar. 23 - 27	\$355			
Spring Climbing Club	\$378			
Equinox Hat or Touque	\$15 x			
	Sub Total			
	GST (x 5%)			
	Total			

## I will be paying:

- □ In Full
- □ A Deposit of \$50 / week,

# I will be paying with:

- □ Interac e-Transfer (preferred)
- □ **Cheque -** payable to 'Equinox'
- □ Cash
- □ Visa / Master Card (we will email an invoice payable by cc)

include campers name and session #.

#### Refund Policy

Camp fees (-\$50 admin fee) will be refunded only if a cancellation is made at least 3 weeks prior to the session start date. Refunds or reduction of fees will not be offered for days missed in a session.

#### **Conditions of Enrolment:**

- I understand that my child will participate in the full program and all activities, unless I advise the Camp otherwise in writing at the time of application.
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or, who appears to have rejected the reasonable expectations of the Camp.
- If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact the parent / guardian(s).
- I understand that pictures of my child taken at camp may be used on the Equinox website and on posters advertising Equinox Programs unless I advise the Camp otherwise in writing at the time of application.

#### To Send with Child:

- A three layered clothing system the first layer should consist of long underwear (preferably made from
  polypropylene or wool, not cotton), the second layer should be insulating items to maintain body heat (i.e.: polar
  fleece), and the third layer should be something to block the wind and provide extra insulation (i.e.: warm snow
  pants and snow jacket).
- A very warm hat, pair of waterproof mittens and neck warmer
- An extra sweater for when the temperature drops
- Warm Boots and an extra pair of wool socks
- A few sets of instant hand and foot warmers for those prone to cold extremities
- Lunch and snacks
- 1L bottle of water or juice (or a thermos with hot chocolate / tea)
- Sunscreen & Sunglasses (those winter rays can be bright!)
- A keen sense of Adventure!



Please meet daily at Mt. Sima

Sign in at Toboggan Hill to left of lodge.

AM @ 8:30-9:00 / PM @ 3:30-4:00



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# **Medical Information Form**

We will not register your camper until this medical information form is complete.

Please complete this page in its entirety so that we can be sure your camper's medical information is accurate.

Health Card #: Current Tetanus Shot? (yes/no):  Family Doctor's Name:  Please check off any signifigant medical conditions, physical limitations or behavioural concerns which might affect your camper's visit to Camp  Asthma Will your camper bring an asthma inhaler to Camp? _ Yes _ No  Medication(s) ~ specifiy dosage and procedure while at camp  Epilepsy Diabetes Migraine Headaches Ear, Nose, Throat Infections Digestive Upsets Sports Related Injuries Recent Illnesses (specifiy) Operations(s) Other  Allergies and Food Concerns  Child Carries an EPI-PEN Food Allergy (specify): Drug Allergy (specify): Child Circles be stings):  Authorization
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□ Asthma Will your camper bring an asthma inhaler to Camp? □ Yes □ No □ Medication(s) ~ specifiy dosage and procedure while at camp □ Epilepsy □ Diabetes □ Please descibe limitations of checked off items: □ Migraine Headaches □ Ear, Nose, Throat Infections □ Digestive Upsets □ Sports Related Injuries □ Recent Illnesses (specifiy) □ Operations(s) □ Other   Allergies and Food Concerns □ Child Carries an EPI-PEN □ Food Allergy (specify): □ □ Drug Allergy (specify): □ □ Other (ie: bee stings): □ ■ Authorization
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To the best of my knowledge, this camper does not have a communicable disease and is physically able to participate in all Cam activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been full noted. I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel a necessary. I understand that I will be notified following assessment or treatment by a local physician. In the case of an emergency, if cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety an health of my camper. This also allows permission for the Camp to contact the camper's family physician. I will notify the camp if an changes occur in my camper's heath status/medications prior to Camp starting.
My signature below indicates all information on this application form is complete and accurate.  Signature of Parent or Guardian

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

	: Equinox Outdoor Learning Centre ("the Company") and its directors, officers, employees, representatives and ents (collectively called "the Agents").					
ı	hereby sign this agreement on behalf of myself, my personal					
rep	resentatives, heirs and assigns.					
1.	including, but not limited to: Canoeing, Hiking, Mountain Biking, Climbing Wall, Bouldering Wall, Zipline, Teambuilding, Ice Climbing, Ice Trekking, Ropes Course, Rock Climbing, Rappelling, Adventure Camp and Kayaking (collectively referred to as "the Activities") and in further consideration of "the Company" allowing to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption Risk and Indemnity Agreement ("the Agreement").					
2.						
3.	possible death to participants. I fully understand the risks and dangers associated with my participation in "the Activities" and accept same entirely at my own risk.					
4.	I hereby waive any and all claims which I may have against "the Company" and "the Agents" and release "the Company" and "the Agents" from all liability for injury, death, property damage or any other loss sustained by me as a result of my participation in "the Activities", due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care by "the Company" and/or "the Agents".					
5.	I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement".					
ΤH	M NOT A MINOR, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT IS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" AND/OR "THE AGENTS" AND AT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNTIY FOR ALL CLAIMS.					
Si	gnature of Participant Date					
Wi	tness Signature Witness Name					
UN AG CL NE	AM THE PARENT AND / OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND DERSTAND AND AGREE TO EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD / WARD. I HEREBY REE TO INDEMMNIFY AND SAVE HARMLESS THE COMPANY AND AGENTS FOR ANY AND ALL AIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY GLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL E EVENTS ORGANIZED BY "THE COMPANY" AND/OR "THE AGENTS".					
Na	ame of Child Signature of parent/guardian					
	, 2020					

INTENDING TO BE LEGALLY BOUND I HAVE SIGNED THIS RELEASE AND WAIVER OF LIABILITY

Print Name

Date