



**Equinox ~ Adventure Camps**  
 PO Box 20822 Whitehorse, YT  
 Y1A 6N8 (867) 456-7846  
 equinox@northwestel.net  
[www.equinoxukon.com](http://www.equinoxukon.com)

**2012 March Break Camper Registration Form** (one form per camper please)

**Camper Information**

Name of Camper: \_\_\_\_\_ Gender:  Girl or  Boy

Date of Birth (d/m/y): \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Is this a Returning Camper?  Yes or  No

Name of Parent (s) / Guardian (s): \_\_\_\_\_

Who does Camper live with: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_ (we will email confirmation of registration)

Additional Emergency Contact Phone Numbers:

Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_


Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

**Please indicate Session(s) with a**

<input checked="" type="checkbox"/>	Session	Dates	Program
<input type="checkbox"/>	Session 1	March 5-9	March Break Camp
<input type="checkbox"/>	Session 2	March 12-16	March Break Camp Optional Overnight

**TRANSPORTATION:**  
 Please meet daily in Shipyards Park  
 AM @ 8:30am PM @ 4:30pm  
 "What to Pack" List is @  
[www.equinoxukon.com](http://www.equinoxukon.com)



Camp Fees		
	Item Cost	Sub Total
Camp fees	\$275 x _____ week(s)	
Optional Overnight Mar. 15 <sup>th</sup>	\$20	
Equinox Hat or Touque	\$15 x _____	
	Sub Total	
	GST (x 5%)	
	<b>Total</b>	

**Office Use**

TO: \_\_\_\_\_

TP: \_\_\_\_\_

Chq.#: \_\_\_\_\_

Please enclose cheque payable to Equinox (camp) or send email interac. Include "camper name, and 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).



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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.*

Name of Camper: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Photocopy Enclosed:  Yes

Family Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last Tetanus Shot (d/m/y): \_\_\_\_\_

**Please check off and explain any significant medical / behavioural conditions which might affect your camper's visit to Camp:**

Allergies ~ Food, Drug, Bees.... Camper Carries an Epi-pen:  Yes  No

Asthma -- Will your camper bring an asthma inhaler to Camp?  Yes  No

Medication(s) (if required, specify dosage and procedure while at camp)

Epilepsy

Diabetes

Migraine Headaches

Ear, Nose, Throat Infections

Digestive Upsets

Sports Related Injuries

Recent Illnesses (specify)

Operations(s)

Other

Notes...

### Authorization

To the best of my knowledge, this camper does not have a communicable disease and is physically able to participate in all Camp activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary. I understand that I will be notified following assessment or treatment by a local physician. In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of my camper. This also allows permission for the Camp to contact the camper's family physician. I will notify the camp if any changes occur in my camper's health 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

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND IDEMUNITY AGREEMENT  
BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Initial Here \_\_\_\_\_

You cannot participate in Equinox Outdoor Learning Centre activities without first completing and submitting this form.

**DEFINITION**

In this agreement the term "Climbing Activities" shall include all activities in any way related to programs, activities or facilities offered or provided by Equinox Outdoor Learning Centre ("Equinox") and may include rock climbing, ice climbing or climbing on a climbing wall, belaying, rappelling, use of rescue systems and other rope techniques, and use of a zipline.

**ACKNOWLEDGEMENT – Climbing Activity Safety**

I acknowledge that I have been advised that I must wear a helmet and other safety equipment when participating in Climbing Activities. Instruction in the proper use of a helmet and other safety equipment is available from the guides / instructors. I am aware that the physical exertion required for Climbing Activities and the forces exerted on the body can activate or aggravate pre-existing injuries, conditions, symptoms, or congenital defects. I have been advised to seek medical advice if I know or suspect that my physical condition may be incompatible with Climbing Activities. I acknowledge that I will not be under the influence of drugs or alcohol while participating in these activities.

**ASSUMPTION OF RISKS**

I am aware that Climbing Activities involve many risks, dangers, and hazards including, but not limited to: accidents which occur during transportation to and from climbing sites; falling and impacting against walls, protruding objects, the ground or other people; entanglement in or abrasion from ropes or other equipment; being struck by dropped items, falling rocks, ice objects or people; equipment failure; injury or illness resulting from exposure to hot or cold weather or cold water; encounters with domestic or wild animals; steep slopes in their natural state that may contain many obstacles and hazards; rapid and extreme change in weather conditions; and negligence of other participants. Communication in back country terrain may be difficult, and in the event of an accident; rescue and medical treatment may not be immediately available. I am also aware that there is a risk of **NEGLEGENGE ON THE PART OF EQUINOX, INCLUDING THE FAILURE BY EQUINOX AND THEIR STAFF TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF CLIMBINGACTIVITIES. I FREELY ACCEPT AND ASSUME ALL RISKS, DANGERS AND HAZARD ASSOCIATED WITH THE CLIMBING ACTIVITIES AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

\_\_\_\_\_  
Initial Here

**RELEASE OF LIABILITY, WAIVER OR CLAIMS AND INDEMNITY AGREEMENT**

In consideration of Equinox agreeing to my participation in the Climbing Activities and permitting my use of its equipment, vehicles, parking and facilities (hereinafter referred to as the "Climbing Facilities"), and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1) **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against Equinox, its owners, employees, independent contractors, guides, instructors, volunteers, agents and representatives or anyone acting for or on their behalf, (all of whom are hereinafter referred to as the "Releasees") **AND TO RELEASE** the Releasees from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin might suffer as a result of my participation in Climbing Activities, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on the part of the Releasees, and further including the failure by of the Releasees to safeguard or protect me from the risks, dangers, and hazards of the Climbing Activities referred to above;

\_\_\_\_\_  
Initial Here

- 2) TO HOLD HARMLESS AND INDEMNIFY the Releasees from any and all liability from any property damage or personal injury to any third party resulting from my participation in Climbing Activities;
- 3) That this Agreement shall be affective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death;
- 4) That this Agreement shall be governed by and interpreted in accordance with the laws of the Yukon Territory; and
- 5) That any litigation involving the parties to this Agreement shall be brought within the Yukon Territory.

In entering in to this Agreement I am not relying on any oral or written representation of statements made by the Releasees with respect to the safety of Climbing Activities, other than what is set forth in this Agreement.

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_ day of \_\_\_\_\_, 2012.

Signature of Participant	Print name clearly
Witness	Signature of Parent or Legal Guardian (for participants 18yrs. and under)