

**R.E.A.C.H: Day Camp Registration Form**

**Participant Information**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Health Card #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age**:\_\_\_\_\_\_\_\_\_ **Gende**r:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Guardian Information:**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Primary #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any medical conditions?** Yes\_\_\_\_ No \_\_\_\_\_ **Allergies**: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent/guardian), confirm that the above stated information is true and acknowledge that it is my responsibility to ensure information is kept up to date.

**Parent/Guardian Signature**: **Date**:



**Parent/Guardian Consent, Acknowledgement of Risk, Waiver, Release, and Indemnity Form**

**Community Hub**: Veith House

**Program Name**: R.E.A.C.H. Day Camps

**Time**:

* Summer Camp 9 am to 4 pm (extended hours available)
* March Break Camp 9 am to 4 pm (extended hours available)
* PD Day Camp 8:30 am to 4:30 pm

**Program Description**:

R.E.A.C.H Day Camps are an exciting opportunity for children ages 5 – 12 years in Halifax’s north end.  Focusing on creating a fun, creative and adventurous break from school is our goal. We hope the children will create lasting memories and friendships in all of the programs we offer. R.E.A.C.H. Camps offer:

* Trips throughout HRM (Summer and March Break)
* Outdoor adventures in our Garden.
* Cooking in our Community Kitchen.
* A recreation room with foosball and air-hockey tables.
* Arts and crafts, games, and more!

All parents must fill out a waiver form before their child can participate in any R.E.A.C.H program. Please contact Erika at 902-453-4320 with any questions.

**Please read, complete form, and sign below and return original copy to Veith House**:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“my child”), give my child permission to attend (Please check all that apply):

\_\_\_PD Day Camp. \_\_\_Summer Day Camp \_\_\_March Break Camp

\*\* Please be advised that registration is not guaranteed until you have contacted our R.E.A.C.H. Program staff and payment has been made.

In consideration of my child being permitted by Veith House to participate and engage in any or all of the programs and activities conducted by it, its agents or representatives, and wherever the programs and activities are located, I understand and agree to the following in return for the opportunity to participate:

ASSUMPTION OF RISK: I represent that I understand the nature of the various program activities and agree that my child is qualified, in good health and in proper physical condition to participate in these activities, and that if I have any questions or concerns about my child’s health and/or ability to participate, I should consult with a physician beforehand.

I understand that these activities that my child may be taking part in may involve risks of bodily injury, minor to serious, which may be caused by their own actions or inactions, those actions or inactions of others who are participating in the activity, the weather, other conditions under which the activity takes place, or the negligence of the “Releases” named below. There may also be other risks either not known to the Veith House staff or not readily foreseeable at this time and which cannot be completely eliminated regardless of the care taken. I fully accept and assume all such risks and all responsibility for any losses, costs, and damages my child may incur as a result of my child’s participation in the activity.

RELEASE AND WAIVER OF LIABILITY: I, for myself and for my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to bring suit against, Veith House, its affiliated or subsidiary companies, its officers, directors, employees, agents or representatives (whether compensated or not), its volunteers, participants, sponsors and advertisers, the owners or lessors of premises on which the activities are held, and any other party indemnified and held harmless by Veith House, each considered to be one of the “Releasees” herein, from all liability, claims, demands, losses, or damages which I suffer caused or alleged to be caused in whole or in part by the negligence of the “Releasees.”

AUDIO-VISUAL AND TESTIMONIAL RELEASE: I understand that while conducting its programs, Veith House may make photographic, video and/or audio recordings of its activities and participants, including images captured or recorded using film cameras, digital cameras, analog or digital video recorders or any other reasonably-related devices capable of capturing or recording images, video and/or audio. I grant and convey to Veith House an irrevocable and permanent right, title and interest in any such recordings, which may include my child, and to use them for any lawful purpose including derivation of economic or other benefit.

CONSENT TO WALK HOME: I give my child permission to walk home at the end of Veith House programs. I understand that the Veith House programs are not liable for anything that happens to my child once he/she leaves the program. I have reviewed the R.E.A.C.H program schedule that outlines the times in which my child is under care and supervision of Veith House Staff, after this time should you consent the child is free to leave Veith House on their own. If you plan to pick up your child at the end of the program, please communicate with staff.

\_\_\_\_\_ I consent \_\_\_\_\_ I do not consent

In the event of a serious emergency the Veith House staff reserve the right to take children to emergency services. We will make every effort to contact the parent/guardian and/or the emergency contact. We will provide the hospital with the child’s health card # and the parent/guardian’s contact information.

ACKNOWLEDGEMENT: I have read this Release and Waiver of Liability and Indemnification Agreement and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the broadest and most comprehensive extent allowed by law, and I agree that if any portion of this Agreement is held to be invalid under the laws of my province of residence or jurisdiction in which the activities are conducted, the balance, notwithstanding, shall continue in full force and effect so as to affect the intended release, waiver and indemnification to the greatest degree possible. By signing below, I agree to all of the above agreements.

NOTE: Please complete, sign, and submit a separate agreement for each individual participant.Top of Form

Child First Name: Child Last Name:

Parent/Guardian Name (Printed):

Parent/Guardian Signature: