



Keish Camp Registration 2019

3159 3rd Avenue, Whitehorse Yukon Y1A 1G1

Fax: 867-668-4460 Phone: 867-633-7680

Please check the camp that you wish to register your child for. Please mark your top choices with a 1, 2, 3,4

Ages 6-9	Ages 10-14
<input type="checkbox"/> Camp #1 July 22-26 <input type="checkbox"/> Camp #3 Aug 5-9	<input type="checkbox"/> Camp # 2 July 29-Aug 2 <input type="checkbox"/> Camp # 4 Aug 12-16

Please email registration to sjcfriends@northwestel.net or drop off with front desk reception at Skookum Jim Friendship Centre. There are 8 spots available each week and registration will be based on a first come first serve basis.

****Participants will be required to bring sunscreen, insect repellent and water bottles. Please dress your children appropriately for the weather ****

Participant Information

General Information			
Child's Name	Parent/ Guardian Name	Phone Number	
Address		Email	
<th>Statistical Information</th>			Statistical Information
Child's Birth date		Age:	
Gender (Circle One)	Male	Female	
Ethnic Origin (Circle One)	First Nation	What is your First Nation?	
	Non First Nation		

Picture/Video Release Authorization

Photos and videos may be taken as part of the 2019 Summer Keish Camp. Photos and videos taken may be utilized in future projects, including brochures, advertisements and other publications. I hereby give my consent for photos and videos of my child to be used by Skookum Jim Friendship Centre in future endeavors.

Parent/Guardian Initial:

Parents & Guardians

Parent/ Guardian Information			
Name			
Relationship			
Address			
Phone Number	Cell	Work	Home
Email			
Emergency contact information (two adults other than yourself) that may be contacted			
Name			
Relationship			

Address		
Phone Number		
Email		
Medical Disclosure		
Healthcare Number		
Allergies		
Dietary Restrictions		
Medications/ Dosage		
Disabilities/Injuries		

Pick Up Authorization (Who else can pick up your child?)

Name	Relationship	Phone Number

Risk Assumption:

I, the undersigned, understand and acknowledge that my child's participation in the 2019 Keish Camp may result in injury, property damage, or loss. I fully understand the inherent risks involved with camp activities, and hereby agree to allow my child to participate in the 2019 Keish Camp at their own risk. In addition, I declare that my child is in proper physical condition to take part in camp activities.

Parent/ Guardian Initial _____

Liability

In consideration of your application for your Childs participation in the 2019 Keish Summer Day Camp program, hosted by the Skookum Jim Friendship Centre Recreation Department is covered by liability insurance. All staff members and volunteers involved with the 2019 Keish Camp have completed a criminal record check and have been cleared to work with children.

I am aware of the risks involved with day camp activities, and I agree that that SJFC, staff and volunteers shall not be liable for any personal injury, property damage or loss during camp hours. With that said, SJFC staff will endeavor to make your experience safe and enjoyable.

In addition, permission is granted to trained staff to administer first aid if necessary.

Parent/ Guardian Initial _____

Authorization to Transport Child

I give permission for my child/ to be transported in a motor vehicle driven by authorized SJFC staff, to community events. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. If my child is under the age of 7 years old or under the weight of 49lbs, I agree to provide a car seat for transportation of my child.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/ Guardian Initial _____

Declaration & Authorized Signature

I, _____ as the parent/guardian of _____ (the participant) have fully read, understood and agree contents of this Registration, Photo/Video picture release, Medical Disclosure, Risk Assumption, Liability, Authorization of Transportation Application in its entirety.

I hereby authorize my child to participate in the 2019 Keish Day Camp, and I agree to assume full responsibly of instructing my child of the risks involved and the importance of abiding the rules and regulations of the supervisor

Signature _____

Date _____