

Camper Information

Camper's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday MM / DD / YYYY	Age
Street Address:	City:	Province:	Postal Code:
Phone Number:	Email:		
Have you attended a McKenzie Towne Summer Camp Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how many years?	

Parent / Guardian #1

Name:		Relationship:	
Street Address (if different from above):	City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:	

Parent / Guardian #2

Name:		Relationship:	
Street Address (if different from above):	City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:	

Authorization of Release (please list anyone other than the above who may pick up your camper)

Name:	
Home Phone:	Business Phone:

MTC Summer Camps

Please choose from the list below which camps your child will be attending:

1. Wild West
2. Zootopia
3. Farm Fun
4. Aqua Adventure
5. Crazy Laboratory
6. YUM Chefs
7. Environment's Friends
8. Famous Artists
9. Never Stop Playing

2019 Summer Camp Medical Information Form



Please ensure the medical information form is filled out completely.
This will allow us to act quickly and efficiently in case of an emergency.

Camper Information

Camper's Name:	Common/ Nickname:	Age:
Family Doctor	Doctor's Phone Number:	Provincial Health Care Number:

Emergency Contact - must be different than Parent/Guardian (Please indicate which phone # is your primary contact)

Name:		Relationship:	
Street Address:	City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:	

Allergies/Medical History - Please indicate if your child has allergies to any of the following (check all that apply).

Penicillin: Insect Stings: Animals (please list): Food Allergies (please list):

Other Medication (please list):

Other Allergies (please list):

Please Note: Special dietary needs cannot be considered for Week 6 (YUM Chefs) camp.

Important note - Medications will not be administered by camp staff, children must be able to self administer. See guide for more information.

Does your child carry any medication for their allergies and/or any other reason? yes no

If yes, please provide details:

Does your child have any limitations that will not allow them to participate in all camp activities?

Please use this space to give us any insight into your child's physical or emotional needs (For specific problems of confidential matter, please enclose a letter addresses to the Camp Coordinator):

Please check if your child has / had:

- | | | | |
|--|--------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> German Measles | <input type="checkbox"/> None |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sinus Trouble | |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Epilepsy/Fainting | <input type="checkbox"/> Red Measels | <input type="checkbox"/> Other (please list): | |

Photo Release

From time to time, pictures will be taken of your camper.

These pictures may be used for promotional materials in the future. These materials include but are not limited to use on the McKenzie Towne website, program guides, and program brochures.

Please sign and date below if you agree to allow McKenzie Towne Council use photos of your child in future promotional material.

Date: _____

Signature: _____

MCKENZIE TOWNE COUNCIL AND MCKENZIE TOWNE HALL

In consideration of the McKenzie Towne Council (the 'MTC') permitting the undersigned or the participant to participate in the program, the undersigned, or myself the Participant, as the case may be, and for my or the Participant's personal representatives, heirs and next of kin, acknowledges and agrees with MTC that:

1. I acknowledge that I am aware of the dangers, risks and hazards associated with my participation in, spectating or mere attendance at the Program. I acknowledge and agree that I am not required by the MTC or anyone else to participate in, spectate at or attend the Program and that I am freely and voluntarily assuming any and all dangers, risks and hazards arising there from. I acknowledge that I am aware that it is a condition of my participation in the Program that I so participate entirely at my own risk.
2. The MTC and its members, employees, agents, trustees, directors and officers and their helpers and assistants and each of them and their respective insurers, heirs, successors, assignees, administrators and executors (the "Releasees") are not responsible for any loss, costs, damage, personal injury, ambulance services, death or property damage, however caused, arising from my participation in, spectating and/or mere attendance at the Program, including without limitation negligence on the part of the Releasees, breach of contract, occupier's liability or any other tort or cause of action at common law, in equity or by statute.
3. I hereby remise, release, discharge, waive, indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs on a solicitor and his own client basis), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any loss, damage, personal injury, death or property damage that I may suffer, directly or indirectly, as a result of my participation in, spectating and/or mere attendance at the Program.
4. I hereby remise, release, discharge, waive, indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs on a solicitor and his own client basis), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any loss, damage, personal injury, death or property damage that I may suffer, directly or indirectly, as a result of my participation in, spectating and/or mere attendance at the Program.
5. I understand that by signing this document, **I will be forever precluded from suing or otherwise claiming** against the Releasees or any of them for any loss, damage, personal injury, death or property damage that I may sustain through my participation in, spectating at and/or merely attending the Program.
6. For the purposes of the herein provisions, the MTC is or shall be deemed to be acting as agent or trustee on behalf of or for the benefit of each of the Releasees.

The foregoing provisions are intended to be as broad and inclusive as is permitted by the laws of the Province of Alberta, and if any portion thereof is held invalid, the balance shall continue in full legal force and effect.

Program Registration Cancellation Policy

McKenzie Towne Council reserves the right to cancel any program with insufficient registrations. In the event that a camp must be cancelled by MTC, you may transfer your child to another camp, receive full credit on your account that you can use towards another camp or class later, or receive a full refund.

Refund Policy

Full refunds will be issued up to one week prior to the commencement of the camp. Refund requests must be made in writing to rec@mtcouncil.com.

Privacy Policy

Please be advised that MTC complies with the Privacy Legislation and its policies.

By signing this document you give up legal rights, including your right to sue. Read this document carefully before signing

I, _____ have read and acknowledge the McKenzie Towne Council's waiver form.

Signature: _____

Date: _____



PARENTAL/GUARDIAN CONSENT

We the undersigned hereby represent that we are the parents and/or legal guardian(s) of _____ (the "Participant").
(Print Childs Name in Full)

By signing below, each parent/guardian expressly waives any right to claim for damages from the McKenzie Towne Council and all of its member and affiliate organizations ("MTC") which may arise out of participation in the events described herein. For greater clarity, each parent/guardian expressly agrees to allow the Participant to participate in the events described herein, and should any child, minor or adult receive personal bodily injuries or property damages as a result of participating in the events described herein, the parent/guardian expressly waives the right to make a claim on their own behalf or on behalf of the Participant for damages and costs of any kind from MTC. The undersigned parent/guardian further agrees to indemnify and hold harmless MTC from any and all claims or costs resulting out of any personal injury or property damage which may result to any other individual, including other participants and spectators, which may result due to participation in this event. MTC makes no representations or warranties as to the safety of this event and by signing below the parent/guardian expressly acknowledges this fact. If you agree to the foregoing, please sign below. If you do not agree, kindly do not sign or allow the Participant to participate in the event.

Parent/Guardian Name: (Print)

Parent/Guardian Signature:

FIRST AID CONSENT

I consent to my child (named above) to:
(Please check all that apply)

- Being given basic first aid treatment by qualified camp personnel
- Being given emergency first aid treatment and/or sent to hospital for emergency treatment

**Please note: If the 2nd box above is not marked, you will be contacted at the emergency number on file and MTC will not be responsible to act beyond basic first aid treatment until directed by a Parent/Guardian.*

Parent/Guardian Name: (Print)

Parent/Guardian Signature:

OUT TRIP CONSENT

I give consent for my child (named above) to be taken off of the premises of McKenzie Towne Hall for outings.

Parent/Guardian Name: (Print)

Parent/Guardian Signature:

EXECUTED AND AGREED TO as of this ____ day of _____, 20____.

Witness Name: (Print)

Witness Signature: