



UKRAINIAN YOUTH ASSOCIATION

CAMP WESELKA

Place child's picture here

Причипіть знімку дитини тут

B. CAMPER MEDICAL INFORMATION

1. Name: _____ Male Female

2. Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____
day month year

3. Health Card # (OHIP): _____

4. Additional Insurance (Carrier & Policy No.): _____

5. Immunizations (give dates): DPT: _____ Measles/Mumps/Rubella (MMR): _____

6. Please check (✓) if the child has had the following:

German Measles Chickenpox Mumps _____

7. Previous illnesses / operations:

8. Allergies (bee/wasp stings, medication, food etc.)

9. Does the child require immediate medical attention for items listed in (8) above.

[If yes please ensure medication is left with camp nurse]

10. Additional Information: Has your child any physical weakness or disability that requires medical or other attention? (i.e. asthma, seizures, diabetes, heart conditions, or other? Please describe:

11. Does the child receive treatment/support for behavioural issues incl. one-to-one supervision? Yes No

12. Emergency: _____ Phone #: () _____
Contact Parent

Emergency: _____ Phone #: () _____
Contact Parent/Alternate

13. Family Physician: _____ Phone #: () _____
Name

UYA CAMPS ASSUMPTION OF RISK AND RELEASE FORM

Participants and Parents\Guardians for participants under 18 years of age are asked to read the following information **carefully**

C. ASSUMPTION OF RISK AND RELEASE

1. While every reasonable precaution shall be taken to ensure the safety and protection of your child, the UKRAINIAN YOUTH ASSOCIATION OF CANADA (CYM) (hereinafter called "UYA"), its Directors, Officers, Staff Members, Employees, Volunteers and all facilities used by the UYA to deliver its programs, are hereby released from all and any liability, in the event of loss of personal property or any accident or misfortune that may occur to your child.

D. CODE OF CONDUCT

2. It is understood that should your child in any way endanger the safety and/or well-being of another individual or continually disrupt activities while attending a UYA Camp, said child will be immediately suspended from further participation in the camp program and parents will be required to take him/her home. Furthermore, fees paid will not be reimbursed.

E. AUTHORIZATION

3. In signing this form, the parent or guardian certifies that the information correctly portrays your child's medical profile and habits, and is amenable to necessary discipline if required.

4. The signature of the parent or guardian shall give the UYA and its Directors, Officers, helpers the right to arrange for any special services or other requirements necessary, in the best interest of your child and shall give the UYA the permission to obtain or approve medical interventions necessary for your child's welfare and good health and the parent or guardian hereby agrees to pay for all such services as may be required as indicated above.

5. It is understood that in the course of UYA camp activity, pictures or recordings may be taken. I hereby authorize and release copyright to the UYA to use photographs, digital or other images in which my child appears, for UYA promotional or marketing purposes including UYA brochures, newsletters, annual reports or UYA website.

6. I hereby give permission for _____ to participate in field trips planned during all UYA camps wherever they may be held. This includes outdoor adventure (hiking) camps wherever they may be organized.

Parents \ Guardian's Signature: _____ **Date:** _____

F. LIABILITY

I, the undersigned parent/ guardian, assume full responsibility for payment of all camp fees and medical expenses not covered by insurance

I understand that I am liable for all costs related to, but not limited to damages caused by my child or children, or for additional costs incurred by the UYA as a result of my child's or children's actions, be they intentional or unintentional (telephone, broken windows, kiosk, etc.)

The safety of each individual is of the utmost importance to the UYA. In order to ensure the safety and well-being of all participants, the UYA reserves the right to alter the program at any time without compensation to participants, parents or guardians.

Furthermore, my child has been made aware of rules and regulations as found in the *Handbook for parents and campers*, and has agreed to abide by them.

I have carefully read, understand and freely and voluntarily accept Assumption of Risk, Code of Conduct, Authorization and Liability information outlined above.

Parents \ Guardian's Signature: _____ **Date:** _____

Print Parents \ Guardian's Name: _____ **Date:** _____

The above noted signatures certify acceptance of all conditions contained hereon.