

PARTICIPANT INFORMATION FORM
YWCA Edmonton – YoWoChAs Outdoor Education Centre
For Participants UNDER the Age of 18

School/Group: **Ukrainian Youth Association (SUM)** Camp Dates: **Friday, Feb 17 – Sunday, Feb 19, 2012**

Participant Information

Name: _____ Alberta Health Care Number: _____
Address: _____ Do you have additional coverage: YES ___ NO ___
City: _____ If yes, provider's name and plan number: _____
Postal Code: _____
Phone Number: _____
Birthdate: _____ Height: _____ Weight: _____ Gender: _____

Emergency Contacts

Parent/Guardian Contact:

Secondary Emergency Contact:

Name: _____
Day Phone: _____
Evening Phone: _____
Cell Phone: _____
Relationship: _____
Family Doctor: _____

Medical Information

Are there any prescription drugs required? Yes No

(If yes, supply medication in original packaging, dosage envelopes or bubble packing, state the camper's name, medication name, dosage, time of administration, side effects. School Teacher/Group leader will administrate all medication).

Please describe any allergies (drugs, food, environmental, et cetera), dietary requirements, disabilities, medical conditions, or special needs. Also describe any special/extraordinary care required.

Consent

We, the undersigned participant, parent or guardian, understand the above information is collected in accordance with privacy legislation. In signing this form, I give permission for the above information to be used for the sole purpose of providing medical care and support for the duration of the camp programme.

I acknowledge that in the event of an emergency, treatment may be provided to myself or my child by a physician selected by the YWCA of Edmonton and that I will be financially responsible for any costs associated with such treatment and services, such as ambulance service.

I understand that it is my responsibility, as parent or guardian of my child, to inform the YWCA of Edmonton of any medical or health concerns that may affect my child's participation in camp programmes and related events and activities.

Participant Name: _____
Print Name Signature Date

Parent/Guardian: _____
Print Name Signature Date

NOTIFICATION & UNDERSTANDING OF RISKS FORM

YWCA Edmonton - YoWoChAs Outdoor Education Centre

For Participants UNDER the Age of 18

Note: If this form is not complete, your child will not be permitted to participate in camp activities .

We, the undersigned participant, parent or guardian, are aware that participation in YWCA YoWoChAs Outdoor Education Centre programmes (the "Programme") involves inherent risks, dangers and hazards, including, but not limited to:

- all manner of injury or loss, including potentially serious or life-threatening injury and death, resulting from the use of equipment, materials or facilities related to the Programme and it's events and activities;
- all manner of injury or loss, including potentially serious or life-threatening injury and death, resulting from forces of nature, accident, hazards of participating in outdoor activities and sports including activities and sports taking place on or near water, illness, allergic reactions and all other manner of injury related to the Programme and its events and activities;
- all manner of injury or loss, including potentially serious or life-threatening injury and death, resulting from the actions or negligence of other participants in the Programme and related events and activities; or
- additional risks, injury or loss, including but not restricted to unforeseen additional risks, injury or loss arising out of the Programme and related events and activities.

We, the undersigned participant, parent, or guardian, are aware of these risks, dangers and hazards and the possibility of injury, death, property damage, property loss or other loss or expense resulting to my child or myself.

In consideration of being allowed to use the equipment, materials and facilities of the YWCA Edmonton and being allowed to participate in any way in the Programme and related events and activities at the YWCA Edmonton, we the undersigned participant, parent or guardian, hereby agree as follows:

- TO ABIDE BY or to inform my child that he or she is to abide by the rules and regulations including directions and instructions from YWCA staff and in the event that there is a failure to do so, I agree that my child may be excluded from further participation in the Programme and that I may be contacted to have my child picked up and removed from the Programme;
- That this Agreement will be effective and binding upon myself, my child, our heirs, next of kin, executors, administrators and assigns in the event of myself or my child's death.

We, the undersigned participant, parent or guardian, hereby acknowledge that we have read the foregoing, and, in the case of parent or guardian, have explained its meaning to our son, daughter or ward.

We acknowledge that we understand the content, importance and meaning of the Notification and Understanding of Risks form and hereby do approve and consent to the above and give permission for my child to participate in activities at YWCA Edmonton YoWoChAs Outdoor Education Centre.

Participant Name: _____
Print Name Signature Date

Parent/Guardian: _____
Print Name Signature Date