

KC Badminton Club 2019 Summer Camp Registration and Confidential Health Form

This form is essential for your child's safety and enjoyment of our camp. Please take time to fill it out completely and accurately. PLEASE PRINT. Please note there are two pages to this registration form so please see over as well.

Camper Information

Camper's Name:	Date of Birth (MM/DD/YYYY):	Sex:
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Full Address:	
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Parent's Name:	Phone #:	Email:
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Emergency Contact:	Phone #:	Relationship to student:
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Family Doctor:	Phone #:	Health Card Number:
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Camp Information

Campus:	<input type="checkbox"/> Markham Campus	<input type="checkbox"/> Richmond Hill Campus	<input type="checkbox"/> Kitchener-Waterloo Campus
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Camp Type:	<input type="checkbox"/> Camp A Non-Competition Badminton Camp	<input type="checkbox"/> Camp B Multiple Activity Camp	<input type="checkbox"/> Camp C Competition Camp	<input type="checkbox"/> Camp D Pathway to Competition Camp
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Camp Times:	<input type="checkbox"/> Morning Session 9:00 AM – 12:00 PM	<input type="checkbox"/> Afternoon Session 1:00 PM – 3:00 PM	<input type="checkbox"/> Full Day 9:00 AM – 3:00 PM
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Registration Date(s):	
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Add-Ons:	<input type="checkbox"/> Meal Plan (\$9 ^{+HST} per day)	<input type="checkbox"/> Field Trip (Markham & Richmond Hill) (\$35 ^{+HST} on top of full week full day camp)
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LIST ALLERGIES (please include allergies to food, medications, latex, insects, penicillin, clothing, etc.):

IF YOUR CAMPER HAS ALLERGIES, PLEASE DESCRIBE THE ALLERGIC REACTION AND HOW IT IS TREATED (please include medications taken): _____

DOES YOUR CAMPER HAVE A HISTORY OF (circle if YES):

Back Problems	Arthritis	Poor Circulation
Abnormal Blood Pressure	Knee/Joint Problems	Abnormal Blood Pressure
Recent Broken Limbs/Sprains	Convulsions/Seizures	Stomach Problems
Diabetes	Bronchitis	Dizziness
Periods of Unconsciousness	Migraines	Past Surgery
Other:		

IF "YES" TO ANY OF THE ABOVE, HAS THE CAMPER BEEN TREATED? EXPLAIN.

IS THE CAMPER STILL ON MEDICATION FOR ANY CONDITION LISTED ABOVE? EXPLAIN.

LIST MEDICATIONS TO BE TAKEN AT CAMP: LIST WHEN TAKEN, HOW OFTEN AND WHO MAY ADMINISTER THE MEDICATIONS:

DOES YOUR CAMPER HAVE ANY SIGHT OR HEARING ISSUES? Yes or No

EXPLAIN. _____

ARE THERE ANY PHYSICAL OR BEHAVIORAL CONDITIONS THAT MAY AFFECT OR LIMIT YOUR CAMPER'S FULL PARTICIPATION IN CAMP ACTIVITIES? Yes or No

EXPLAIN. _____

I have read and understand this form's contents completely and have answered the above questions accurately.

I believe that my child is in good physical condition and that he/she can participate fully in camp activities.

KC Badminton Club has my authorization to review and retain this form as protected health information for the purposes of the above program. The camp staff at the KC Badminton Club has permission to seek and/or administer emergency care for my son/daughter in the event a parent or guardian cannot respond at the time of emergency and has my authorization to provide this form to health care personnel for the purposes of the participant's emergency treatment in that event. I understand that I have the right to revoke, in writing, this authorization at any time; however, this authorization will automatically expire at the end of the above program.

Waiver of Risk of Injury: I acknowledge and understand that playing and training to play badminton involves a certain degree of risk and can be physically, mentally, and emotionally demanding, and that such activities may expose myself or my child to injury or loss. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Corporation and its coaches, volunteers, officers, directors, employees, and agents from all claims or liability arising out of this participation including any claims relating to any injury or loss that I or my child may suffer directly or indirectly in any manner whatsoever, as a result of participating in any program offered by the Corporation or participating in badminton tournaments as a member of the KC Badminton Club. I also agree to indemnify and hold harmless the Corporation and its coaches, volunteers, officers, directors, employees, and agents from any such claims.

Field Trip Permission: I also give permission for my child to participate in field trips. As such, I acknowledge I am aware of: Risk including but not limited to injures, potential hazards associated with travel to and from the field trip site, possible contact with plants, animals or insects that could result in strings, allergic reactions and associated diseases.

Loss of Damage of Personal Property: I also acknowledge and agree that the Corporation is not responsible for any loss or theft of or damage to any personal property of the applicant.

If for any reason the camp is unable to run, a full refund will be provided.

SIGNATURE OF PARENT: _____ DATE: _____

PRINTED NAME OF PARENT: _____