



Youth Enterprise Camp

For youth ages 9-13

Registration Form

Name of child: _____
Last First Middle

Age: _____ Date of birth: _____ Gender: _____ Height: _____ Weight: _____
Month / Day / Year

Colour of eyes: _____ Colour of hair: _____ T-Shirt Size: _____

Does your child require a life jacket when swimming? Yes [] No []

Does your child have any emotional problems or physical handicaps? If yes, specify:

Does your child have any particular fears? Please describe:

Do you have any particular concerns about your child's eating habits?

Is there anything else in your child's developmental history that we should be aware of?

Other problems: _____

Your child speaks: [] French [] English [] Other (please specify) _____

Does your child have friends attending Camp with him/her? No [] Yes [] _____

(Names)

How did you hear about us? _____

Medical Information:

- 1. Any allergies to food? Yes [] No [] If so, what? _____
- 2. Any allergies to drugs? Yes [] No [] If so, what? _____
- 3. Allergic to bee stings? Yes [] No []
- 4. Medication required at camp? Yes [] No [] If so, what? _____
- 5. Can Aspirin or Tylenol be administered? Yes [] No []
- 6. Date of last Tetanus injection? _____
- 7. Are vaccinations up to date? Yes [] No []

Ontario Health Card Number: _____

Family Physician: _____ Phone: _____

Other Information:

Name of parent or guardian: _____

Address: _____

Town: _____ Postal Code: _____ Telephone: _____

E-mail: _____

Name of parent or guardian's employer: _____

Business Tel. #: _____ Hours of work: _____

Name of other parent or guardian's employer: _____

Business Tel. #: _____ Hours of work: _____

Emergency Contact during camp: _____ Telephone: _____

Relationship to Child: _____

Youth Enterprise Camp Participation and Travel Consent:

I, _____, hereby consent that my child may participate in all indoor
(Name of parent / guardian)
and outdoor activities provided and supervised by the staff of Youth Enterprise Camp.

I agree that the said child may appear on photographs, slides and/or video which may be used in social media and to promote Youth Enterprise Camp.

I consent that the said child may travel to and from camp activities with Youth Enterprise Camp personnel and with _____ while at Youth Enterprise Camp.
(Name of transport service authorized by North Claybelt CFDC.)

I consent that in the case of a medical emergency, the said child be transported to the nearest medical facility for treatment.

I agree to assume all financial and legal responsibilities for medical and surgical treatment for the said child.

North Claybelt Insurance/Consent Form:

I _____ do allow _____ to participate in and
(Name of parent / guardian) (Name of child)
attend the Youth Enterprise Camp presented by North Claybelt Community Futures Development Corporation.

I do hereby remise, release, and discharge the above mentioned organization from all rights, claims, demands, damages, costs, and cause of action of whatever kind of nature arising from any activities connected in any way with the Youth Enterprise Camp.

I do authorize the staff of the above agency to take my child for medical attention if the need should ever arise, therefore allowing them to take my child in a motorized vehicle.

North Claybelt Community Futures Development Corporation is also released from any and all liability in the event of any accident or misfortune that may occur while transporting youth to and from activities for the Youth Enterprise Camp.

North Claybelt Release and Consent Form:

North Claybelt Community Future Development Corporation is collecting personal information for the purpose of promoting Youth Enterprise Camp, in media communications of any kind produced by or on behalf of North Claybelt Community Futures Development Corporation and for no other purpose.

In consideration for my participation in the media communications promoting Youth Enterprise Camp produced by or on behalf of North Claybelt Community Futures Development Corporation, I give North Claybelt Community Future Development Corporation, its employees and agents:

1. The perpetual and non-exclusive right and license to use my image, my name and/or a description of my Youth Enterprise Camp experience in any of the media communications promoting Youth Enterprise Camp produced by or on behalf of the North Claybelt Community Futures Development Corporation, without payment of royalties to me; and
2. Consent under the *Privacy Statement* to use and disclose my image, my name and/or a description of my experience to the media or use for in any of the media communications promoting Youth Enterprise Camp produced by or on behalf of North Claybelt Community Futures Development Corporation.

I understand and agree that the media communications will include but not necessarily be limited to North Claybelt Community Future Development Corporation, website, newspaper/magazine articles, social media, photos, brochures and advertisements. I waive any right to inspect or approve the finished media communications.

I release and agree to hold harmless North Claybelt CFDC, its employees, representatives, agents and assigns, from all actions, claims and demands arising from North Claybelt CFDC's use and disclosure of my image, my name and/or a description of my experience in the production, reproduction or distribution of any of the media communications.

I have read this Release and Consent am aware that I may speak with the privacy officer upon request if I require more information about the *Privacy Statement* before signing below. I understand the contents of these two documents.

To be signed by Youth Enterprise Camp Participant

Date Name of Participant (please print)

Signature of Participant Address

The following is to be completed for all Youth Enterprise Camp participants as they are under 18 years of age.

I hereby certify that I am the parent or guardian of the above-named minor who is under the age of 18 years. For the consideration above, I consent that any images of the minor, recordings of the minor’s voice, use of the minor’s name and/or descriptions of the minor’s Youth Enterprise Camp experience which have been or are about to be recorded by or on behalf of North Claybelt Community Futures Development Corporation may be used and disclosed by North Claybelt Community Futures Development Corporation for the purposes and under the rights set above, according to the declaration signed by the minor, with the same force and effect as if executed by me.

Date Name of Parent or Guardian (please print)

Signature of Parent or Guardian Address

Head Start in Business Participant Permission for Data Collection

- 1. Data collection is essential to ensure the continued success of entrepreneurial programs in Northern Ontario. We request permission to collect participant data that will allow us to follow up with your child in the future to determine the impact this entrepreneurship programming has had on his or her career choices.
- 2. As part of our funding agreement with The Ontario Trillium Foundation, we request that your child take part in a short survey at the camp.

Yes No

Name of parent or guardian (please print) Mailing Address

Signature of parent or guardian Date (month/date/year)