

Fort McMurray Heritage Society
Heritage Village Camps 2021

1 Tolen Drive, Fort McMurray, AB T9H 1G7 or Fax 780-791-5180 Phone #: 780-791-7575 Ext# 224

REGISTRATION, HEALTH, CONSENT AND RELEASE FORM

LIMITED SPACE AVAILABLE! Maximum of 20 campers per camp!
Participants may receive a full refund for cancellations due to medical reasons only (Doctor's note is required).

Check applicable box

PIONEER CAMPS: Ages 5-12 9:30am-3:30pm

- July 12-16: Raiders of the Lost Artifact: Fort McMurray's ancient Treasures from the past \$210/week
- July 19-23: Around the World in 5 Days: Traveling the World through Fort McMurray's History \$210/week
- July 26-30: Shipwrecked: History of River Transportation \$210/week *Drop-Off at Heritage Shipyard
- August 9-13: Time Travelers: Travel through time \$210/week
- August 16-20: Trail Blazers Camp: Pioneers & Explorers of Fort McMurray \$210/week

LITTLE PIONEER CAMPS- Ages 3-6 (Must be Potty-trained)

- July 5-9: Little Otters \$190 Each Full Day-9:30am-2:00pm
- August 3-6: Tiny Foxes \$150 Each Full Day-9:30am-2:00pm

Camper Name: _____ Birthdate: ____/____/____ Gender: _____
First Last D M Y

Home Address: _____ Age: _____
Number & Street City Province Postal Code

1) Parents/Guardians: _____ Email: _____
First Last

Home Address (if different then Camper address): _____

Cell Phone #: _____ Work Phone #: _____ Home Phone #: _____

2) Parents/Guardians: _____ Email: _____
First Last

Home Address (if different then Camper address): _____

Cell Phone #: _____ Work Phone #: _____ Home Phone #: _____

If not available in an emergency, notify:

Name: _____ Relation to Camper: _____ Phone #: _____

I. Health Information:
Are there any Physical, Behavioral, Social or Emotional Disorders/Disability including any Mental Health issues? Circle YES / NO If yes, give a brief summary: _____

***Must provide medical & school reports.**

Other Health Recommendations:

PLEASE NOTE: We do not administer any medications with the exception of an EPIPEN. Parents are responsible for giving their children any required medication they might need during their time at camps.
Height: _____ Weight: _____

The applicant is under the care of a physician for the following condition(s):

Current treatments (include medications. **We will not be responsible to administer medication**):

The participant Alberta Personal Health Card number is: _____. In the event of an accident, my medical expenses will be paid for by my Provincial health plan and my extended medical coverage.

Family Physician(s) name and Phone Number: _____

Recommendations and Restrictions While at Camp:

Any treatment to be continued at camp including medically prescribed meal plan or dietary restrictions:

Any allergies (food, drugs, plants, insects): _____

Activities to be limited: _____

Additional health information: _____

History & Family Information: Are there any siblings who have or are attending Heritage Village Summer Camp Programs? YES / NO Name of Sibling: _____

Age: _____ Which Camp: _____

Is there any Behavioral, Social or Emotional Disorders including Mental Health? Circle YES / NO

If yes: List what: _____

****Failure to disclose, conceal or omit any of the above important information will result in camper being asked to discontinue attending our camps.**

II. Consent Form: *Read thoroughly before signing*

- A. I verify that all statements on this form are true and correct and I have legal custody and guardianship of the above mentioned child.
- B. The person herein described has permission to engage in all prescribed program activities.
- C. **Authorization for Treatment:** In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Heritage Society staff to secure and administer treatment, including hospitalization, for the person named above.

III. Release Form - *Read thoroughly before signing.*

In consideration of the privilege of attending the programs at Heritage Village, I hereby release Heritage Village/Fort McMurray Heritage Society, including its directors, officers, employees, volunteers and agents, from all liability of any kind for my physical injury, including death, or illness, while participating in the programs. I will assume all risks associated therewith, whether known or unknown to me at this time. This release is intended to include all claims of my family members, estate, heirs, personal representatives or assigns.

By signing below as the parent or guardian of the above named child, consents to release he or she agrees that this release shall be binding upon him or her as the parent or guardian as to the child and their estate, heirs, personal representatives and assigns. As the parent or guardian I also promise, by signing below, to defend, indemnify and hold Heritage Village/Fort McMurray Heritage Society harmless from any claim asserted by the participate against Heritage Village/Fort McMurray Heritage Society, including its trustees, employees and agents.

IV. Removal from Program

I, the undersigned parent/legal guardian of the participant, understand and agree that any behavior by a participant that puts the participant or others at physical or emotional risk or is detrimental to the experience of other camp participants may result in immediate dismissal from a Heritage Society program. Any expenses incurred due to dismissal from a Heritage Society programs will be my sole responsibility, unless such dismissal is due to involuntary behavior of the participant that is the result of a medical condition. I, or a person I have designated in writing, must be available to pick up my child should he/she be dismissed from the FMHS program or should any emergency arise which requires emergency transportation of my child. I acknowledge that no refund will be given to participants leaving camp prior to the end of the session due to disciplinary action. A refund will be available should a participant be asked to leave due to involuntary behavior or because of a medical condition.

V. Media Release and Canada Anti-Spam Law

Your approval is required so we may take writing samples, drawings, photographs, sound recordings and/or videos of the above named child as he/she takes part in Heritage Society programs. These activities assist us in evaluating the program and help interested groups learn more about what we offer.

All or portions of the work referred to above will become part of the database of Heritage Society and will be used solely for the purposes of education and public information. This information may be published, exhibited, reproduced, and/or distributed in various media formats to a number of markets and may also appear on the Heritage Society website. We do not identify the child by name, but only by the program they participated in and possibly their age.

We recognize there are instances where parents may not wish their child to be recorded or their work to be published. For this reason, we ask that you complete the following Consent for Release.

Much information that is pertinent to the Heritage Society programs is transmitted through email. I consent to receive information via email from Heritage Society. You may unsubscribe at any time by responding to any emails with an unsubscribe request. Your email is strictly for Heritage Society programs purposes and will not be shared in any way.

VI. Covid/Pandemic

Should the Government of Alberta restrict or cancel day camps due to COVID-19 public health orders and guidelines, or a participant contracts COVID-19 prior to coming to camp, a full refund will be issued. In the event public health orders and guidelines are changed, the FMHS will ensure program participants are notified about the changes in their camp experience.

Consent for Release – Parent/Legal Guardian

I have read and understand this Release prior to signing it and I am aware that by signing this Release I am waiving certain legal rights I/my child may have against Heritage Village/ Fort McMurray Heritage Society

I, being the parent/legal guardian of the child named below have read and understand the information provided on this form. I voluntarily give Heritage Village/Fort McMurray Heritage Society permission to include my child in the above photographs and/or videos, to collect samples of my child’s writing and/or drawing and to their subsequent use as described above.

Date: _____ **Name of Child (Please Print)** _____

First Last

Parent Address (if different from above): _____
 Number & Street City Province Postal Code

Name of Parent/Legal Guardian: _____ **Signed** _____
 First Last

Payment Information	
Method of Payment: Visa / MC / Debit / Cheque	Office Use Only:
Cardholder Name:	Sub Total:\$ Subsidy Given: Y / N Amount: \$
Card #:	Total:
Expiry Date: CSV #:	

