

UNF CAMP SOKIL REGISTRATION APPLICATION 2018



ТАБІР СОКІЛ УНО ЗАЯВА НА РЕЄСТРАЦІЮ 2018

Please complete ALL sections of this form as applicable, there are 5 pages to submit. By completing this form you are acknowledging that you are waiving certain legal rights and hereby warrant and represent to Camp Sokil as well as the Ukrainian National Federation of Canada (including and any and all of its branches), and any of their respective affiliates, directors, officers, volunteers, staff and employees, contractors, representatives, licensees, agents, or successors (collectively, the "Organization") that: (1) you are over the age of majority in your jurisdiction of residence; and (2) you are registering on behalf of minor and are the minor's parent or legal guardian and are fully authorized and permitted to enter into this agreement on behalf of the minor Camper.

Camper's Details (As given on Health Card)				Paste Camper's Photo	
Surname:					
Given Name					
Date of Birth:					
Health Card Number:					
Visitors to Canada					
Name of Insurance Company				Policy Number	
Insurance Company Address:					
(Please note –you may be required to pay for health services and then apply for reimbursement.)					
Camper's Physical Description					
Sex:		Weight (Kgs):		Height (cm) :	
Eye Color:		Hair Colour:		Size T-shirt KIDS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
Camper's Home Address					
Street & Apt#:				City:	
Province:		Postal Code:			
Home Phone #		Alternate Phone #:			
Parent(s) or Guardian(s) Information With Whom Camper Resides:					
Father's (Or Guardian's) Full Name:				Mother's (Or Guardian's) Full Name:	
Contact Number:				Contact Number:	
Email:				Email:	
Parent/Guardian Member of the Ukrainian National Federation?	____ YES ____ NO			If Yes, Indicate which (city) Branch:	
Additional Parent(s) or Guardian(s) Information:					
Father's (Or Guardian's) Name:				Mother's (Or Guardian's) Name:	
Contact Number:				Contact Number:	
Member of the Ukrainian National Federation?	____ YES ____ NO			If Yes, Indicate which (city) Branch:	

Are there any court orders or custody restriction which would prevent us from communicating with either guardian? _____YES _____NO

Please describe: _____

Emergency Contact Details

A minimum of two Emergency Contacts over the age of 16 are required and must be different from the parents and guardians listed above. I authorize Camp Sokil to contact the individuals below in the event that I am not immediately available

Emergency Contact 1: FULL NAME		Relationship to Camper	
Work Phone:		Cell Phone:	
Emergency Contact 2: FULL NAME		Relationship to Camper	
Work Phone:		Cell Phone:	

Camper's Physician Details

Physician's Name:		Physician's Telephone #:	
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Pre-Existing Medical Conditions and Allergies:

If there are any special needs, medical conditions, allergies, dietary restrictions, behavioural or physical concerns, that would interfere with the camper's camp life and activities please complete Appendix A at the end of this application.

Has the camper been exposed to any infectious diseases recently? (chicken pox, mumps etc) _____Yes _____No

I am aware that Camp Sokil is a nut free environment but that the absence of nuts or any other potential allergen cannot be guaranteed _____
(Parent's Initial)

Camper's General Experience

Has the camper had any formal swimming instruction?	Yes		No	
If yes, what level of swimming has the camper achieved? Example: Red Cross Green Badge etc.				

Camp Session Registration: (Please Check All Weeks That Apply)

Check The Box Next To The Session You Are Registering For:	Early Bird Pricing (Before May 1 st 2018)	Late Owl Pricing (After May 1, 2018)	**UNF Member Prices (Any time)
	Individual Weeks	Individual Weeks	Individual Weeks
Youth Camp (Ages 13-16) Week 1 July 8-15	\$375	\$400	\$350
Youth Camp (Ages 13-16) Week 2 July 15-22	\$375	\$400	\$350
Youth Camp (Ages 13-16) Week 3 July 22-28	\$375	\$400	\$350
*Youth Camp - Take All 3 weeks and get a discount!	\$350 per week!	\$350 per week!	\$350 per week!
Children's Camp (Ages 7-12) Week 1 July 29-August 5	\$375	\$400	\$350
Children's Camp (Ages 7-12) Week 2 August 5-August 12	\$375	\$400	\$350
Children's Camp (Ages 7-12) Week 3 August 12-August 18	\$375	\$400	\$350
*Children's Camp – Take All 3 weeks and get a discount!	\$350 per week!	\$350 per week!	\$350 per week!
Mandatory Uniform Fee	+\$25		

* Subject to availability of space- If no space is available for 3 consecutive weeks, no discount shall be applied

**Legal guardian of camper must be a UNF member in good standing for 2018. All memberships are verified with UNF National Office

**Return This Registration Application Form Along with Appropriate Payment
to Ukrainian National Federation – Toronto Branch, 145 Evans Ave. #210, Etobicoke Ontario,
M8Z5X8 or scan and send to campsokil@unfcanada.ca
Cheques Payable to: UNF CAMP SOKIL**

Parent Signature and Acknowledgement Camp Sokil:

AUTHORIZATION FOR FIELD TRIPS

- I give permissions for the Camper to leave the Camp premises to participate in field trips and I give permission to the staff of Camp Sokil to take the Camper to all scheduled trip locations during the session in which the Camper is registered. I agree that the Camper may be transported by to trip sites by school bus, public transportation or walking. I understand that the Camper will be escorted and supervised by Camp staff during this trip.

(Please Initial)

MEDICAL AUTHORIZATION AND RELEASE

- I hereby consent to any first aid treatment or medical emergency treatment being given or provided to the Camper as may be necessary or warranted under the circumstances and hereby give permission that in the case of an emergency and I cannot be immediately reached, Camp staff may hospitalize and authorize treatment for the Camper, including but not limited to the provision of anesthetics, injections and/or surgery. I also give permission for Camp staff to transport the Camper to the emergency department at the nearest hospital, without any liability on the part of the staff member. Furthermore, I agree to accept financial responsibility for any costs associated with the Camper receiving medical treatment. I also agree that the information in this Form and any attachments hereto can be disclosed to emergency and health personnel. I confirm that I have provided complete and accurate medical information for the Camper and permit the Camper to participate in the full range of Camp activities, except as I have explicitly noted on the Medical Information Form attached hereto as Appendix "A" on page 5. I hereby agree and undertake that I will use best efforts to make myself available and be reachable at either of the phone numbers I have listed in this Form at all times.

(Please Initial)

RELEASE AND INDEMNITY

- I give permission for the Camper to participate in all Camp activities and I understand that some of the activities, such as but not limited to, canoeing, swimming and water sports, may be inherently dangerous and/or involve risks. In consideration of the Camper's opportunity to participate in the Camp, the receipt and sufficient of which is hereby acknowledged, I hereby release and forever discharge the Organization in respect of any and all claims, actions, losses, damages, costs, and expenses, including but not limited to loss of income, in relation to any and all personal injury to or death of the Camper or any other person, or any loss of or damage to property, arising in any way at, from or in connection with the Camp programs and services and any and all matters set out in this Registration Form, howsoever caused, and I agree to indemnify and save harmless the Organization with respect to same. I am providing this release and indemnity on behalf of the Camper, as well as in my personal capacity on my own behalf, and on behalf of my spouse and any other persons who may be entitled to assert such a claim, and agree that this waiver and indemnity shall be binding on my personal representatives, heirs and successors. I understand that although every effort is made to send Campers home with all of their belongings, the Camp is not responsible for any loss or damage.
- I have read this Form and any attachments hereto fully, and understand its terms and that I am giving up substantial rights by signing it. I have signed this form freely, voluntarily and without any inducements or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Form and any attachments hereto are held to be invalid, the remaining terms and provisions shall continue to be in full force and effect. I confirm having been advised that I should obtain independent legal advice prior to signing the Registration Form and any attachments thereto.

(Please Initial)

MEDIA RELEASE

- I hereby authorize any images or recordings taken of the Camper and/or me, as applicable, and any work, art or performance of the Camper ("Work"), in relation to the Camper's participation in Camp Sokil, to be used by the Organization for promotional, informational, publicity, and marketing purposes, and authorize the publication

and/or display of said materials publicly, whether on a website, social media, television, in print or otherwise. I also consent to the release of the Camper's name but only as it relates to the Camper's participation in the Camp.

- I hereby relinquish all rights, title, interest and royalties I and/or the Camper may have in any of the said images, recordings, and Work, and hereby release the Organization from any and all claims or demands for damages of any kind whatsoever arising from the Organization's use of said materials. I understand that said materials may be used and may be reproduced by third parties and I agree that I will not hold the Organization responsible from any harm or damages that may arise as a result.

(Please Initial)

CAMP SOKIL POLICY

- I confirm that I have read and understand the Camp Sokil Policies outlined on the Camp Sokil Website at www.unfcampsokil.ca which were sent to me via email at time of confirmation of registration and I agree to abide by and be bound by the policies. I further confirm having reviewed the policies with the Camper. Camp Sokil reserves the right to cancel the Camper's participation in the Camp and any of its programming if the Camper's behaviour is deemed unmanageable, inappropriate or dangerous in the Camp's sole discretion, in which case any registration fees paid will be non-refundable, and I hereby acknowledge and agree that I will be responsible for any and all costs associated with such dismissal. I also have read and understand the refund policy where no refunds or credits may be applied after registration is confirmed, whether or not the camper has attended camp.

(Please Initial)

RELEASE OF INFORMATION

- I hereby agree that the information in this Form and any attachments hereto can be disclosed to the Organization as applicable in relation to the Camper's participation in the Camp and/or the administration of the Camp's programming.

Please Initial)

PRIVACY POLICY

- I agree to be contacted in regards to UNF Camp News and Events during, but not restricted to, the duration of camp. I acknowledge that I may remove my name from the contact lists at anytime after camp dates by contacting campsokil@unfcanada.ca I understand once my name is removed I will not be contacted for early registration next year.

(Please Initial)

SIGNATURE(S) Of Both Legal Guardians

- **By signing this Form, I confirm and acknowledge that I have carefully read and fully understand the terms in this Form and any attachments hereto, and that I irrevocably agree to the Terms set out therein.**

Printed Name: _____

Printed Name: _____

Signed: _____

Signed: _____

Date: _____

Date: _____

Please append the Medical Form Appendix A – “Mark N/A” in the spaces if they do not apply to the camper

Office Use Only

APPENDIX "A" – MEDICAL & SAFETY INFORMATION FORM

Does the Camper have any medical conditions which we should be aware of (ie. asthma, diabetes, epilepsy etc.): _____ YES _____ NO

If "Yes" provide details of condition(s) and severity:

Does the Camper require any medications to be administered for his/her medical condition(s): _____ YES _____ NO

Please List Medications: (Append Sheet if Necessary)	Storage Instructions	Frequency	Dosage

All medications/puffers/injections must be in original packaging with the manufacturer's instructions enclosed, along with the label from the pharmacy setting out the dispensing and dosage instructions

Allergies	Severity	Emergency Medications

Does the Camper have any behavioural conditions/concerns which we should be aware of? (ADHD, anger management, bedwetting, social anxiety, sleep walking etc.) _____ YES _____ NO

If "Yes" provide details of condition(s) and approved action plan:

Please list any dietary restrictions beyond allergies:

Over the Counter Medication

From time to time, children have minor symptoms, such as but not limited to headaches, congestion or coughing. Please indicate your preference for handling such ailments. PLEASE CHECK ALL THAT APPLY

I give permission for Camp staff to administer the following over the counter medication to the camper as needed	<input type="checkbox"/>	Antihistamines	<input type="checkbox"/>	Advil
	<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	Anti-nauseants
	<input type="checkbox"/>	Digestion Aids (Charcoal, Pepto-Bismol, Rolaid, Tums)	<input type="checkbox"/>	Cough Drops
I prefer that no medication be administered and will pick up my child immediately and will return with a doctor's note after treatment	<input type="checkbox"/>		<input type="checkbox"/>	

I hereby confirm that the information in this Medical Information Form is complete and accurate. I understand I must pick up my child within a reasonable amount of time if the Camp Director deems them too ill to participate in camp activities. I authorize Camp staff to administer any medication/puffers/injections that have been brought with the Camper to Camp and by signing this Form, and I understand that no medications/puffers/injections are to be kept in the cabins or on the Camper's person unless otherwise indicated by a doctor in writing. By signing this Form and in consideration of the Camper's opportunity to participate in the Camp, I hereby release and forever discharge the Organization in respect of any and all claims, actions, losses, damages, costs and expenses in relation to Camp staff administering any medications/puffers/injections as set out herein, howsoever caused, and agree to indemnify and save harmless the Organization with respect to same

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____