



# Summer Field Trips Registration Form

I would like to register my son / daughter for an O-YA's Summer Field Trip(s). Please check all that apply and pay by cash or cheque (made out to 'Osgoode Youth Association) upon registration.

- July 14: Bus Trip to Calypso WaterPark for 11-18 year olds; Depart: 9 am; Return: 5 pm (\$34)
- July 21: Bus Trip to Camp Fortune for 14-18 year olds; Depart: 9 am; Return: 5 pm (\$39)
- Aug. 4: Bus Trip to Vertical Reality for 11-18 year olds; Depart: 9 am; Return: 5 pm (\$10)
- Aug. 11: Bus Trip to LaRonde for 14-18 year olds; Depart: 8 am; Return: 7 pm (\$62)

## PARTICIPANT INFORMATION

Participant's First & Last Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Age as of Dec. 31, 2010: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Participant's Email (if applicable): \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

First & Last Name #1	First & Last Name #2
Relationship to Student:	Relationship to Student:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Home Address:	Home Address:
Email:	Email:

## EMERGENCY CONTACT INFORMATION

In the event of an emergency, the first attempt will be made to contact the participant's parents / guardians. In the case that parents / guardians are unreachable, we will attempt to contact the persons named below in the order that they are listed.

### Contact # 1

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Contact # 2

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## MEDICAL INFORMATION

Participant's Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Participant's Health Card (optional): \_\_\_\_\_

Is your child taking any medication (oral, injection or inhaler)?  YES  NO

If yes, may we have permission to administer this medication if required?  YES  NO

Does your child have any life-threatening allergies?  YES  NO

If yes, please specify \_\_\_\_\_

Medical information which staff should be advised of:

\_\_\_\_\_

Does your child have any special conditions, including the following, which may impact their participation in the program? behavioural • communication • emotional • developmental • physical • social • mental illness • ADD • ADHD • dietary

YES  NO

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Other information you feel we need:

\_\_\_\_\_

\_\_\_\_\_

## Permissions Granted

1. My child will:  be picked up  leave on their own  both
2. List who is allowed to pick up your child (*the person picking up your child may be asked to show picture ID*)
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

If there are any access or custody restrictions, please provide legal documentation to O-YA Management.

3. May we have permission to take your child's photograph or video which may be used online, in print, electronic media and / or community newspapers for the promotion of O-YA programs and services?
- YES  NO

## Consent, Release of Liability, Waiver of Claims, Assumption of Risks & Indemnity Agreement

### Please read carefully

*I, agree and understand that my child, named on this form, a minor pursuant to the Age of Majority and Accountability act, has my permission to participate in the Osgoode Youth Association's Camp Fridays program. As the Parent or Legal Guardian of the child registered in this program, I and my child agree to indemnify and hold harmless the Osgoode Youth Association from all claims, demands, actions and causes of action, loss, costs or damages that the Osgoode Youth Association may suffer, incur or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or actions while my child is participating in this program. Furthermore, I and my child hereby release, waive and discharge the Osgoode Youth Association from all liability to our heirs, executors, administrators for all loss or damage and any claim or demands for such loss or damage due to injury to person or property.*

*By signing this agreement, I and my child understand that my child will be assuming injury and certain legal risks. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions contained in this agreement prior to signing it.*

\_\_\_\_\_  
Parent / Legal Guardian (print your name)

\_\_\_\_\_  
Parent / Legal Guardian (signature)

\_\_\_\_\_  
Date