



# EARTH LEADERSHIP CAMP

Registration Form 2020

Registration Deadline: August 7<sup>th</sup> 2020

- 1.) Fill out the following form for a potential participant.
- 2.) Once completed drop the form off at Town Hall, 359 Main St, between 9-4pm Monday to Friday or email the form to recreation@wolfville.ca before Aug. 7<sup>th</sup> 2020.
- 3.) Pay \$115 in cash or by cheque at Town. Call 902-542-3019 for payment inquires or clarification.

Participant's Name: \_\_\_\_\_

PARTICIPANT INFORMATION: Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Email: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION (if applicable):

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact (different from Parent/Guardian): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list all the people who have permission to pick up the participant from the program (i.e. babysitter, friend of family, other child's parent). Anyone not on list must be confirmed by program coordinator prior to pick up.

Does this participant have permission to walk home at the end of program? Yes / No

Participants Experience/Comfort Level in Nature: The following section is a space to note the participants experience or relationship with nature. For example, do they enjoy nature? Do they like fort building? Do they tend to be very scared of bugs? This section helps provide Camp Leaders with a better understanding of incoming participants and what to prepare for.

MEDICAL INFORMATION (all information is kept confidential): Does this participant have a medical condition we should be aware of?: \_\_\_\_\_

Does this participant have any allergies (food or otherwise)?:

\_\_\_\_\_ Please provide any information about the participant that we should be aware of in the section below:

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION General notes about the participant, what else might you like to list about the participant? Any notes regarding anxiousness, tendencies, personality traits, fears, or excitements are welcome.

SIGN-UP & PAYMENT INFORMATION:

Program Name: \_\_\_\_ Girls for Adventure

\_\_\_\_ Wizard Quest

Cost: \$115

Payment Options: Cash  Cheque  (Please make cheques payable to Town of Wolfville)

Note: All payments are to be in cash or cheque and can be processed at 359 Main Street or on the first day of the program. Please make all cheques out to the Town of Wolfville

PROGRAM PARTICIPANT WAIVER:

Participant Release and Knowledge of Agreement:

I, (Name of Participant or Parent/Guardian if Participant is under 18) \_\_\_\_\_ and/or a participant under my care, named below, wish to participate in the Town of Wolfville’s recreation program(s). I understand that there are inherent risks in participating in these programs. I understand and agree that all participants are expected to follow all safety precautions and to use appropriate protective equipment as outlined by the program/service provider and/or instructor. I understand and agree that it is my responsibility to inform the Community Development Officer of any conditions or changes in health, of myself or a participant under my care, now and ongoing, which might affect the participant’s ability to participate with minimal risk of injury. I agree that the Town of Wolfville shall not be liable or responsible for any injuries to myself or a participant under my care resulting from participation in this program and I expressly release and discharge the Town of Wolfville and its employees, agents, and/or assigns from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of injury or other damage which may occur in connection with participation in these programs, except only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

Participant’s Name: \_\_\_\_\_

Signature (Parent/Guardian if Participant is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Videography/Photography Consent:

We occasionally take photos or videos to document a Town of Wolfville activity which could then be used in our promotional and/or educational materials (including social media). Permission is granted for the Town of Wolfville to use still photographs or video footage for this participant for these purposes only.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Participant’s Name: \_\_\_\_\_

Signature (Parent/Guardian if Participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_