



## **CHEP Sprouts Garden Day Camp: Registration & Waiver Form**

*July 18<sup>th</sup>-22<sup>nd</sup>, 2022*

*Ages 6-10*

### **Registration**

**Participants Full Name:**

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**Date of Birth:** \_\_\_\_\_ **Health Card #:** \_\_\_\_\_

**Allergies:**

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**Medications (including Epi-Pens):**

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**Medical Condition(s):**

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**Other:**

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**Parent/Guardian Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



### Waiver

1. **I hereby acknowledge the risks that my child may be exposed to at camp include, but are not limited to:**

- *Kitchen hazards:* knives, ovens and stoves, kitchen equipment
- *Outdoor/Gardening Risks:* sun, heat, insects, garden tools, lifting and bending
- *Sporting & Play Activities:* running, jumping, playing, swimming (supervised by a lifeguard)
- *Social:* Other CHEP/Station 20 West clients, guests, and campers
- *Travel:* travel to/from other destinations and activities

2. **It is my desire for my child to participate in the programs and activities offered at CHEP Good Food Inc.'s 2022 Garden Day Camp** and acknowledge this waiver releases CHEP Good Food from liability in case of any loss, injury or illness that might arise in connection with day camp activities.

3. **I agree to discuss personal safety and risk with my child prior to the start dates of the camp** including managing personal health issues, allergies, and medication; sunscreen, hats & hydration; respect for staff, and making friends with others – CHEP staff will also discuss these matters with campers and review safety protocol where relevant.

4. **I assume all risks of participation voluntarily and acknowledge I may withdraw or limit my child's participation at any time** from any activity and will communicate that to CHEP staff in advance.

5. **I acknowledge that in the event my child needs medical attention**, if neither a parent/guardian nor the emergency contact can be reached, CHEP staff will seek medical attention on my child's behalf.

6. **I accept that CHEP Good Food reserves the right to cancel my child's participation in a camp session** if their behaviour is deemed unmanageable or dangerous to themselves or others and that no refund will be issued in such a case.

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_