



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

**Cost: \$250.00 Per Child** (Partial subsidies for eligible applicants)

**Camps run 9:00am to 4:00pm daily**

*Please circle chosen camp dates: July 10<sup>th</sup>-14<sup>th</sup>, 2023, (Ages 6-8) / July 24<sup>th</sup>-28<sup>th</sup>, 2023, (Ages 9-12)*

**Participant's Full Name:**

\_\_\_\_\_

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

**Allergies and Dietary Restrictions:**

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

**Medications** (*indicate whether it will need to be administered/taken during camp*):

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

**Medical Condition(s):**

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

**Other:**

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

**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 2023 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: \_\_\_\_\_



**Minor Media Release Form**

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

**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

**School or Organization:** \_\_\_\_\_

\*\*\*\*\*

**Please indicate your permission either in favour or against the use of the minor's image:**

I, \_\_\_\_\_ (*parent/guardian name*), grant permission to CHEP Good Food Inc., hereinafter known as "CHEP", to use \_\_\_\_\_ (*participant name*) image (photographs and/or video) for use in CHEP media publications including, but not limited to the following:

***(Check all that you consent to)***

\_\_\_\_ Social Media Content    \_\_\_\_ Website and Affiliates    \_\_\_\_ CHEP Community Presentations,  
Educational Content, Brochures, etc.    \_\_\_\_ Other: \_\_\_\_\_

I, \_\_\_\_\_ (*parent/guardian initials*) hereby waive any right to inspect or approve the finished photographs or video content that may be used in conjunction with them now or in the future.

I, \_\_\_\_\_ (*parent/guardian initials*) understand that I can revoke this release in writing at any time and the use of any images authorized by this release will immediately cease.

**OR**

I, \_\_\_\_\_ (*parent/guardian name*), do not grant permission to CHEP to use \_\_\_\_\_ (*participant name*) image (photographs and/or video) for use in CHEP media publications.

\*\*\*\*\*

By signing the "Minor Media Release Form", you are consenting that you, the parent, or guardian, have read this release form and that you fully understand the contents, meaning, and impact of this release.

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



**Pick Up List:**

**This list is provided to CHEP staff and volunteers to ensure campers are picked up by those entrusted with their care. Names can be added or removed at any time by emailing [communitygardens@chep.org](mailto:communitygardens@chep.org) or calling (306) 986-5831.**

**Pick Up Person 1:**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

**Pick Up Person 2:**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

**Pick Up Person 3:**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

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**Payment**

The cost per child per week is \$250. Partial bursaries are available upon request.

A refund minus 20% administration fee available up to 10 days before the first day of camp.

Payment is required to confirm the camper's spot.

**Select preferred method of payment:**

In person at CHEP Office: \_\_\_\_\_ Mailed Cheque: \_\_\_\_\_ Credit Card: \_\_\_\_\_

E-transfer: \_\_\_\_\_ PayPal: \_\_\_\_\_ Phone-in Credit Card: \_\_\_\_\_