



CHEP Sprouts Day Camp: Registration & Waiver Form

Cost: \$150.00 per Child per Week

Location: 722 Avenue H South - Time: 9:00am to 4:00pm daily

Please circle camp week: July 8th-12th, 2024, (Ages 6-8) / July 22nd-26th, 2024, (Ages 9-11)

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)
- *Social:* Other CHEP/Station 20 West clients, guests, and campers
- *Travel:* walking 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 2024 Sprouts 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 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 #: _____

Payment

The cost per child per week is \$150.

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: _____