



Wilderness Leadership Camp: CIT: AWSI/WSI

Registration Form 2015

www.crossleyaquatics.com  
lisagraves@crossleyaquatics.com

620 Scugog Line 4  
Port Perry, Ont.,  
L9L 1B5  
416-526-4671  
905-985-6527

FAMILY INFORMATION		How did you hear about us?			
Surname:		Hm. Ph:			
Street:		Postal Code:			
City:		Email:			
Mother's Name:		Bus. Ph:			
Father's Name:		Bus. Ph:			
	CHILD 1	CHILD 2	CHILD 3		
Student's Surname					
Student's First Name					
Birth date (year/month/day)					
Health Card Number					
T-Shirt Size (Adult SML, MED, LRG)					
Red Cross AWSI or WSI					
<p align="center"><b>Candidate must have current Bronze Cross or register for Wilderness Lifesaving Camp 2015</b></p>		<ul style="list-style-type: none"> <li>You will be required to train for 3 of the 6 Wilderness Swim Camp weeks</li> <li>Candidates new to our camp may require an interview prior to acceptance to ensure that they are suitable to the needs of the camp</li> <li>Space is limited to 3-5 candidates for each of AWSI &amp; WSI</li> <li>Please indicate your choice of weeks by ranking them 1-6</li> </ul>			
		Child #1	Child #2 (5% Discount)	Child #3 (10% Discount)	
		\$310.00 Manuals & Certification Included Plus hst	\$294.50 Manuals & Certification Included Plus hst	\$279.00 Manuals & Certification Included Plus hst	
		June 29/30 & July 2/3	PO# 153	Mandatory	Mandatory
July 6 – 10	PO# 146	Choice #	Choice #	Choice #	
July 13 – 17	PO# 147	Choice #	Choice #	Choice #	
July 20 – 24	PO# 148	Choice #	Choice #	Choice #	
Aug 10 – 14	PO# 149	Choice #	Choice #	Choice #	
Aug 17 – 21	PO# 150	Choice #	Choice #	Choice #	
Aug 24 – 28	PO# 151	Choice #	Choice #	Choice #	
Camp Fees (per child)					
Total Family Camp Fees:			<p align="center"><b>Early Registration Discount applies to all registration received prior to March 1, 2015</b></p> <ol style="list-style-type: none"> <li>Calculate 4% of your Total Fees before adding on the hst</li> <li>Deduct the discount from the Total Fees</li> <li>Calculate and add on hst</li> </ol>		
<b>EARLY REGISTRATION DISCOUNT</b>		4% Off			
Total Family Camp Fees:					
HST: Calculate 13% of Total Fees:		13%			
Total Owing, HST included					
PAYMENT OPTIONS:					
OPTION 1: Paid In Full At Registration			Cheque #:	Date:	
OPTION 2: Payment Plan		\$10.00 Processing Fee Due with Registration of multiple payments	QB/ EMAIL	OL/ EMAIL	SCHEDULE
Upon Registration \$10.00 plus 1/2 fees			Cheque #:	Date:	
Dated April 1 1/2 fees			Cheque #:	Date:	

Please note that a \$25.00 administration fee will be applied for any major changes to your registration as well as NSF cheques.





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HEALTH & MEDICAL FORM

Camper's Name Health Card #
Family Doctor Telephone (Doctor)

Please circle any of the following health or medical conditions:

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in camp activities

- Diabetes, Ear, Nose Throat infection, Heart problems, Migraine, Urinary infections, Chronic Nosebleed, Fainting Spells, Rash, Asthma, Rheumatic Fever, Digestive upsets, Feet or Leg problems, History of Head injuries, Recent illness or operation, Seizures, Hemophilia, Hernia

Other
Give details of usual treatment for each of the above conditions indicated

Please explain if your child has any medical condition that requires modification of his/her program

Allergies/Asthma

Please list all known confirmed allergies and/or asthmatic triggers:

Table with columns: Allergy / Asthma, Rate (Mild to Life Threatening), Severity (1-4), Reaction/ Treatment

Does your child have an EpiPen? Yes No
Does child have an asthma inhaler? Yes No

If allergy or asthma is Life-Threatening, a Doctor's Signature is required below.
Campers must bring required medications for the duration of their stay at camp.

Medication

All medication shall be collected and monitored by the camp director

Does your child take prescribed medication on a regular basis? Yes No

Table with columns: Name of Medication, Reason, Dosage, Method of Administration

Is the camper self-medicating? Yes No
May camp staff administer sun screen, bug repellent (10% deet), and/or afterbite to your child? Yes No

If the answer above is No, please specify alternative

Dietary

Please list any foods your child should not eat for medical, dietary, or religious reasons

General

(1) Does your child wear or carry medical alert identification? Yes No

If Yes, please specify what is written upon it

(2) Does your child have any special fears or conditions, the knowledge of which will allow the camp director to make the camper's excursion more relaxed:

Yes No
If yes, please explain

Consent of Parent/Guardian

Should it become necessary for my son/daughter to have medical care, I hereby give camp staff permission to use their best judgment in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian Date

Doctor's Signature Date Only required for campers with life threatening medical or dietary conditions





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CAMP/SWIMMING PROGRAM OF CROSSLEY AQUATICS LTD.
(hereinafter called the "Program")

In consideration for participating in the Program and related events, I, the undersigned understand and agree on behalf of myself, my heirs, personal representatives, executors, next of kin, my successors and assigns that the execution of this agreement by me constitutes:

- 1. An Unqualified Assumption of All Risks associated with the Program.
2. A Full and Final release and waiver of liability of the Program, including without limiting the generality of the foregoing, CROSSLEY AQUATICS LTD. its officers, directors, agents, employees, other participants, advertisers, owners and/or lessors of the premises on which the Program takes place (collectively called the "Releasees" and individually the "Releasee") from any and all injuries, losses, damages, losses to personal property, claims and liabilities arising out of my participation in the Program.
3. An acknowledgement that I am unable to sue the Releasees for any loss, injury, costs, damages however caused or arising out of my participation in the Program, whether directly or indirectly. Such acknowledgement constitutes a complete defence to any claim I may advance against the Releasees in the future and shall be a bar to such claim.
4. My Indemnity to the Releasees to hold and save harmless, the Releasees or any of them from any litigation expense, legal fees, liabilities, damages, award, order, judgment, costs or proceedings of any form or type whatsoever which may arise out of participation in the Program.
5. A representation and warranty to the Releasees that I am healthy, fit and able to participate in the Program and there is no pre-existing health condition which would cause or contribute to any injury or prevent me from participating in the Program.

I have read and understand the above provisions and they are true and accurate in all respects. I acknowledge that the Releasees are relying upon the above assumptions, release and waiver, acknowledgements, indemnities and representations and warranties for my participation in the Program.

PARTICIPANT'S SIGNATURE [Signature Line] PRINTED NAME [Line]
DATE [Line] WITNESS [Line]

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION
This is to certify that I, as parent/guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above, all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above

PARENT/GUARDIAN SIGNATURE [Signature Line] WITNESS [Line]
DATE [Line] EMERGENCY PHONE NUMBER [Line]

ACKNOWLEDGEMENT AND CONSENT
OF PARTICIPANT IN CAMP/SWIMMING PROGRAM OF CROSSLEY AQUATICS LTD.
(hereinafter called the "Program")

- 1. I confirm that I have read the Program Policy Brochure, understand its contents and agree to be bound by all the terms set out therein.
2. I accept that there is a risk of injury from participating in the activities in the Program. By following the rules and policies of the Program, use of proper protective equipment and exercising good personal judgement, the risk of injury may be reduced.
3. I agree to comply with the customary terms, practices and conditions of participating in the Program. I will not undertake or participate in any conduct during my participation in the Program which could constitute a significant risk of injury. I will immediately report to my instructor, counselor, Program director or Program management any conduct which constitutes a significant risk of injury.
4. I consent Crossley Aquatics Ltd. using any photographs taken while participating in the Program including publications in written materials and promotional materials, in house displays, website and internet without prior approval by the undersigned.
5. I consent to Crossley Aquatics Ltd. sending correspondence to me via emails regarding but not limited to registration, programs, upcoming events, etc.

PARTICIPANT'S SIGNATURE [Signature Line] PRINTED NAME [Line]
DATE [Line]

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION

PARENT/GUARDIAN SIGNATURE [Signature Line] WITNESS [Line]
DATE [Line] EMERGENCY PHONE NUMBER [Line]

