



GUIDED FAMILY & GROUP PROGRAM INFORMATION

- Personalized outdoor experiences in nature for you and your family and friends tailored to your interests, needs and budget!

PARTICIPANTS	<ul style="list-style-type: none"> 1 – 9 participants per family or small group 4:1 child to adult ratio; one facilitator per group to guide activities
HOURS & SCHEDULING	<ul style="list-style-type: none"> Regular Hours: <ul style="list-style-type: none"> Monday to Friday – 9:30 am to 3:00 pm Your family/group chooses: <ul style="list-style-type: none"> Length of program: minimum 1 hour up to a maximum of 5 hours How often: once, daily, weekly, 3-4 times throughout summer, etc. Time requests outside of regular hours will be considered Maximum of two groups scheduled at any given time Check availability on our website: Dogwood Acres Nature Park Calendar
FEES	<ul style="list-style-type: none"> \$50 per hour per group

PROGRAM CHOICES

- Program Choices and Activities: You choose or have your facilitator select Program and/or Activities
- Additional requests will be considered

Forest Activities	Arts & Crafts	Team Building & Leadership Challenges	Pond Play	Sports & Lawn Games
Approx. 1 activity per hour	Activities will take approx. 1 or 2 hours	Approx. 2 activities per hour	Approx. 2 activities per hour	Approx. 2 activities per hour
Forest Bathing Hikes Grounding Mindfulness Orienteering Scavenger Hunt Fort Building Bug Catching Plant and Tree ID Exploration Bird Watching Bow and Arrow Facilitator choice	<i>1 Hour Activities:</i> Paint Pots Pebble Families Nature Mobile Wreath Making Twig Letters <i>2+ Hour Activities:</i> Guided Painting Nail/Twig Sign Making Sign Painting Tie Dye Facilitator choice	Blindfold Walk Lava Crossing Eagle Egg/Waterfall Helium Hoop Tire Tower Spider Web Trust Challenges Water Balloon Toss Sippy Straw Leaky Pipe Facilitator choice	Yoga Mindfulness Sandcastle Building Kayaks* Campfire Pond Exploration Fire Building Picnic Swimming* Facilitator choice *Lifeguard supplied *Lifejackets required	Volleyball Soccer Badminton Mini Baseball Tetherball Frisbee Horseshoes Croquet Ladder Golf Bocce ball Jumbo Jenga Lawn Checkers Facilitator choice

REGISTRATION & PAYMENT INFORMATION

To Register the Main Contact person should:

- Submit:
 - Registration Form – 1 per group
 - If registering for multiple program dates with different participants, a new Participant Roster list must be submitted for each new date
 - Consent Form – 1 per family
- Payment is due at time of registration and can be made by:
 - E-transfer to lisagraves@crossleyaquatics.com
 - Cheque made payable to Crossley Aquatics Ltd.
 - Cash & cheque payments are not preferred at this time
- Registration will be confirmed by email once Forms and Payment have been received

Cancellation Policy:

- Park Cancellation due to severe weather or other unforeseen causes: refund or credit issued for future visit
- Participant Cancellation: (Refer to Policy for details)
- NOTE: Refunds will be considered for health related cancellations



SELF-SCREENING HEALTH FORM

PARTICIPANT HEALTH INFORMATION

For each participant, please indicate the following information on the Participant Roster

Health Conditions:

- Health condition facilitator should be aware of
- Medications required to treat health condition (For example: asthma requires inhaler)

Self Screen Status:

- PASS - check off all boxes
- NO Pass - must plan to pass prior to session

SELF-SCREEN CHECKLIST

Each participant **MUST** Self-Screen by agreeing to the statements below when registering as well as answer Onsite Screening questions upon arrival. Review the questions below & indicate your status on the Participant Roster:

- I have not have travelled outside of Canada in the 14 days prior to my session
- I have not been in close contact with someone who tested positive for COVID-19 in the last 14 days
- I am not in close contact with a person who is sick with new respiratory symptoms or who recently travelled outside Canada
- I do not have a fever (temperature ≥ 37.8 °C or 100°F)
- I do not have any of the following symptoms:
 - Chills
 - New or worsening cough (dry or productive)
 - Barking cough (croup)
 - Shortness of breath/difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Loss of taste or smell
 - Pink eye (conjunctivitis)
 - Headache that is unusual or long-lasting
 - Runny or stuffy nose (not related to seasonal allergies or other known causes or conditions)
 - Nausea/vomiting/diarrhea/abdominal pain
 - Muscle aches
 - Unexplained fatigue/malaise
 - Falling more than usual
 - Other _____
- If I do have any of the above symptoms, they are typical for me (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)



GUIDED FAMILY & GROUP PROGRAMS: REGISTRATION FORM

GROUP INFORMATION				
Main Contact Name:		Main Phone:		
Main Email:				
Street:		City:	Postal Code:	
Alternate Contact Name:		Alternate Phone:		
Alternate Email:				
PREFERRED PROGRAM DATE (S)	PREFERRED START TIME	PREFERRED END TIME	PROGRAM CHOICE (S)	ACTIVITY CHOICE (S)
<i>Example: July 9</i> <i>Example: July 16</i>	<i>9:30 am</i> <i>12:00 pm</i>	<i>11:30 am</i> <i>2:00 pm</i>	<i>Forest Activities</i> <i>Arts & Crafts</i>	<i>Hiking & Orienteering</i> <i>Sign Painting</i>

PARTICIPANT ROSTER

Adults (18+ years of age)						
	Name (Last, First)	Phone #	Health/Medical Concerns	Self Screen complete	Consent submitted	Onsite Screen complete
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>	
9				<input type="checkbox"/>	<input type="checkbox"/>	
Children (0 – 17 years of age)						
	Name (Last, First)	Age	Health/Medical Concerns	Self Screen complete	Consent submitted	Onsite Screen complete
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	



**PARTICIPANT CONSENT FOR DOGWOOD ACRES NATURE PARK; ONLINE CAMP SESSIONS;
& AQUATICS PROGRAMS 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 1	Participant 2	Participant 3	Participant 4	Participant 5
Participants Name (Printed)					
Participants Signature					
Witness Signature				Date:	
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				Date:	
Witness				Emergency Phone #:	

**ACKNOWLEDGEMENT AND CONSENT OF PARTICIPANT IN DOGWOOD ACRES NATURE PARK; ONLINE CAMP SESSIONS;
& AQUATICS PROGRAMS 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 judgment, 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 1	Participant 2	Participant 3	Participant 4	Participant 5
Participants Signature					
FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION					
Parent/Guardian Signature				Date:	
Witness				Emergency Phone #:	