

CUT ON THE DOTTED LINE 

# CAMP U OF T REGISTRATION FORM (1 PER CHILD)

## MAIN PARENT/GUARDIAN CONTACT INFO:

Last Name:	First Name:
	Barcode:
Address:	
City:	Postal Code:
Home Phone: ( )	Daytime Phone: ( )
Family Email:	Alternate Phone:

## SECOND PARENT/GUARDIAN CONTACT INFO (OPTIONAL):

Last Name:	First Name:
	Barcode:
Address:	
City:	Postal Code:
Home Phone: ( )	Daytime Phone: ( )
	Alternate Phone:

## CHILD'S INFO:

Child's Name	Birth Date MM / DD / Year	Gender
	/ /	

## EMERGENCY CONTACT INFO (Other than parent or guardian):

Contact Name	Phone:	Relationship:

## COURSE SELECTION (Include extended care if applicable):

Course #	Course Name	Fee	Total

## MEDICAL AND EMERGENCY INFORMATION:

List any allergies:	Does your child carry an epi-pen? Yes / No
	Have they been trained in its use? Yes / No
	Will any medications be administered at camp? Yes / No

Any medical concerns or information of which we should be aware?

Doctor's Name:	Doctor's phone number:

Camp U of T strives to make camp an enjoyable experience for all campers. In order to facilitate learning and enjoyment for all participants, campers should be developmentally able to participate in the full camp experience with minimal adaptations. We have some ability to facilitate the inclusion of a support worker/inclusion aide in camp programming. We regret that if abilities are not disclosed at the time of registration, our ability to facilitate assistance will be limited.

**My child requires support to participate in a group setting due to their physical, mental or emotional development Yes\* / No**

\*A member of the Camp U of T administrative team will contact you within 1 – 2 weeks for further information.

**PICK UP INFORMATION**

Does your child have permission to leave camp on their own? <b>Yes / No</b>		
Who including the parent/guardian(s) has permission to pick up your child/children from camp?		
1.	2.	3.

Grouping Request	1.	2.
------------------	----	----

Please include my family as potential research participants at the University of Toronto. I give consent for Camp U of T to disclose personal information including mine and my child's names, my child's age, gender, birthdate and my phone number and/or email. I understand that I may be contacted regarding a specific study and have the option of declining at that time.

I GIVE MY CONSENT TO BE A POTENTIAL RESEARCH PARTICIPANT AS INDICATED ABOVE FOR:

Faculty of Kinesiology and Physical Education	<b>Yes / No</b>
Department of Psychology Child Studies Centre	<b>Yes / No</b>

**PRIVACY NOTICE**

The University of Toronto collects, creates, uses, maintains, discloses and disposes of information for the purposes of operating the programs and business functions of the University in a manner consistent with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Office at 416.946.7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8

**INFORMED CONSENT AGREEMENT**

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT that the participant(s) that I am registering are physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or THE Faculty of Kinesiology and Physical Education AT THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

**PARENTAL APPROVAL:**

Parent/Guardian Signature:		Date:		/ /
----------------------------	--	-------	--	-----

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement.

**PAYMENT INFO:**

Total Payment:		Payment Type: <b>VISA MC CASH DEBIT AMEX</b>
Name on Card:	Number:	
Signature:	Expiry Date:	

**INCOMPLETE APPLICATIONS CANNOT BE PROCESSED  
 FAX NUMBER 416.946.7679  
 WAIT LISTED? YOU WILL BE NOTIFIED BY EMAIL**

