



## 2009 Eco-Literacy Adventure Camp Registration Form

(Parents/Guardians must complete all pages of this and the following Parental Informed Consent form)

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name (Last/First)	Address (specify if different from your child's)	Employer	Home Phone/ Work Phone
Mother:			
Father:			
Guardian:			

**Session Dates/Grade: Registration Fees:**

Grade	Date	Before June 1	After June 1	Family Discount (2+ children enrolled)
<input type="checkbox"/> 4/5 <input type="checkbox"/> 6/7	<input type="checkbox"/> July 6 – 10	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180	<input type="checkbox"/> save \$10
<input type="checkbox"/> 4/5 <input type="checkbox"/> 6/7	<input type="checkbox"/> July 13 – 17	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180	<input type="checkbox"/> save \$10
<input type="checkbox"/> 4/5 <input type="checkbox"/> 6/7	<input type="checkbox"/> July 20 – 24	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180	<input type="checkbox"/> save \$10
<input type="checkbox"/> 4/5 <input type="checkbox"/> 6/7	<input type="checkbox"/> July 27 – 31	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180	<input type="checkbox"/> save \$10

**Method of Payment:**

- Cardholder Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Cheque (made payable to *Lakehead University*)  
 Money Order/Bank Draft (drawn from Can. Bank)  
 Interac/Debit Card (*in-person only*)  
 Cash (*in-person only*)

Please mail or return the fee payment and registration form to:  
**Lakehead University, Faculty of Education, Department of Lifelong Learning**  
 955 Oliver Road, Bora Laskin Building (Room 1007)  
 Thunder Bay ON P7B 5E1

Tel: (807) 346-7872 ~ Fax: (807) 346-7882 ~ Email: [faced.aie@lakeheadu.ca](mailto:faced.aie@lakeheadu.ca)

**NOTE: Registration IS NOT COMPLETE UNLESS PAYMENT is provided with this form.**

## PARENTAL INFORMED CONSENT FORM

Please supply all information requested in this form, add your initials where required, sign the form and date your signature, and have your signature witnessed prior to submission.

By signing this document (hereinafter referred to as the "Agreement") you indicate that you:

- (1) Consent to your child's participation in the 2009 Eco-Literacy Adventure Camp (hereinafter referred to as the "Camp");
- (2) Understand the risks associated with your child's participation in the Camp;
- (3) Give Lakehead University authority to secure medical assistance for your child, for which you agree to be financially responsible; and
- (4) Indemnify Lakehead University for any harm or property damage suffered by your child, or for which your child is responsible that is suffered by others.

**PLEASE READ CAREFULLY!**

Please write your initials wherever required in this Agreement.

TO: The Board of Governors of Lakehead University (hereinafter referred to as the "University")

I, \_\_\_\_\_,  
[parent or guardian's full name]  
the undersigned, do hereby consent to my child,

\_\_\_\_\_  
[child's full name]  
(hereinafter referred to as the "Child"), participating in the Camp, including all its activities, unless I advise Camp staff otherwise in writing.

In addition, I do hereby declare, understand, and agree, as follows:

- (1) I have care, custody, and control of my Child. I have the authority to execute this Agreement.
- (2) To the best of my knowledge, my Child is physically, socially and emotionally prepared and able to participate in the Camp activities.
- (3) I am aware that Camp staff will be supervising my Child in all Camp activities and have been trained in First Aid. I give permission for each staff member to react to a medical emergency involving my Child as she/he sees fit.  
\_\_\_\_\_ (Initial here that you have read this paragraph)
- (4) While my Child is participating in Camp activities the University may secure such medical advice and services as it, in its sole discretion, may deem necessary for my Child's health and safety and I shall be financially responsible for such advice and services.  
\_\_\_\_\_ (Initial here that you have read this paragraph)
- (5) I understand that my Child will have access to and be using the internet at Lakehead University. All internet activities will be fully supervised and monitored by staff instructors. The internet will be used for purposes such as researching activities, programming activities, etc. I give my Child permission to use the internet while at Camp.
- (6) I understand that it is my Child's responsibility to abide by the Camp's rules and regulations and to comply with Camp staff's enforcement of those rules and regulations. I have explained to my Child the need to follow the instructions given by the staff.
- (7) I understand that the Camp has policies against harassment, abuse and violence, and that Camp staff will try to mediate any problems that arise. I understand that if my Child's behaviour is a problem I will

be notified, and that if the unacceptable behaviour continues, she/he may be removed from the activity or activities where the problem has occurred. I understand that if my Child has persistent behaviour that jeopardizes her/his safety or the well-being or safety of other participants in the Camp, my Child may be deregistered from the Camp at the sole discretion of the Camp's staff.

\_\_\_\_\_ (Initial here that you have read this paragraph)

- (8) I give permission for photographs or video footage of my Child to be taken, as authorized by the Chair of the University's Department of Lifelong Learning, and only in relation to the Camp and/or the University, for promotional use in displays, brochures, television, newspapers, slideshows, websites, etc.
- (9) I understand that this Camp is a "nut free" environment and I will not send nut/peanut products to Camp with my Child.
- (10) I acknowledge that the Camp offers a rich and diverse educational experience for my Child, but I am also aware that the Camp's activities have risks which, while unlikely to materialize, could have serious consequences including, but not limited to,
- theft, vandalism or loss of personal property;
  - bone and muscular skeletal injury, such as sprains and strains, and bruises, cuts, scrapes, and concussion resulting from sports and other physical activities, including use of the Climbing Wall, in the University's Hangar, Field House and sports fields;
  - bites or scratches from contact with aggressive or curious animals encountered during outside activities;
  - any manner of injury resulting from use, misuse, or failure of any equipment or from the use of any art supplies.

I understand the risks associated with the Camp's activities, and I have explained them to my Child, and she/he also understands the risks.

\_\_\_\_\_ (Initial here that you have read this paragraph)

- (11) I agree to HOLD HARMLESS AND INDEMNIFY Lakehead University, its Board of Governors, directors, officers, employees, members, agents, and volunteers, including all personnel and volunteers associated with the Camp, from any and all liability for any injury, loss, damage or harm that may befall my Child as a result of his/her travelling to and from, attending, or participating in the events and activities of the Camp.

\_\_\_\_\_ (Initial here that you have read this paragraph)

- (12) I agree to HOLD HARMLESS AND INDEMNIFY Lakehead University, its Board of Governors, directors, officers, employees, members, agents, and volunteers, from any and all liability for any damage to the property of, or for personal injury to, any third party resulting from my child's travelling to and from, attending, or participating in the events and activities of the Camp.

\_\_\_\_\_ (Initial here that you have read this paragraph)

- (13) I agree to reimburse the University for any repairs to or replacements of University property which are necessitated by damage, beyond normal wear and tear, to the property caused by my Child.

- (14) I understand that it is my responsibility on every Camp day to drop off my Child between 8:00 and 8:30 a.m. and to pick up my Child between 4:30 and 5:00 p.m. at the Main Foyer of the Bora Laskin Building at Lakehead University. I understand that Camp staff and the University are not responsible for the supervision of my Child after 5:00 p.m.

- (15) The following information about my Child is complete and correct:

**CHILD INFORMATION**

<b>Male/Female</b>		<b>Birth date (Yr/Mo/Day)</b>	<b>Age as of June 30</b>	<b>Grade Completed as of June 30</b>	<b>School Last Attended</b>
<b>T-Shirt Size</b>	<b>Weight</b>	<b>Height</b>	<b>Eye Colour</b>	<b>Hair Colour</b>	<b>Health Card #</b>
Youth Adult	XS S M L XL				

**CUSTODIAL INFORMATION (if applicable)**

Legal Custody with/relationship to Child: \_\_\_\_\_

1. Are there custodial restrictions?  
 YES If YES, please specify: \_\_\_\_\_  
 NO

2. Are custody papers available if requested?  
 YES  NO

**MEDICAL INFORMATION**

Describe any medical conditions which the staff should be aware (i.e. allergies):  
 \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe any prescribed medications that the Child is taking:  
 Name of Medication: \_\_\_\_\_  
 When is it taken: \_\_\_\_\_

Will the Child bring his/her own epi-pen? YES  NO

Will the Child bring his/her own inhaler? YES  NO

Does the Child wear a medic alert bracelet? YES  NO

**NOTE: Camp staff will not administer medication to children. In the event of suffering "anaphylactic shock", the Child will administer his/her own prescribed medication. Staff will immediately contact the Security Services Emergency Line at the University. Parent/Guardian will be notified immediately.**

**EMERGENCY CONTACT INFORMATION**

In the event of an ACCIDENT or SERIOUS ILLNESS the parent/guardian who should be contacted first is:

Mother Name: \_\_\_\_\_  
 Father Phone Number: \_\_\_\_\_  
 Guardian

If neither parent(s)/guardian(s) can be contacted, Security Services at Lakehead University has my authority to provide first aid treatment. In the event of a serious accident or illness, Security Services at Lakehead University has my authority to arrange emergency transportation to take my Child to the hospital.

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I HAVE READ AND UNDERSTOOD THIS **AGREEMENT** IN ITS ENTIRETY. I HEREBY AGREE, ON BEHALF OF MYSELF, MY CHILD, AND ANY OTHER PARENT OR GUARDIAN OF MY CHILD, TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS **AGREEMENT**. I EXECUTE THIS **AGREEMENT** VOLUNTARILY.



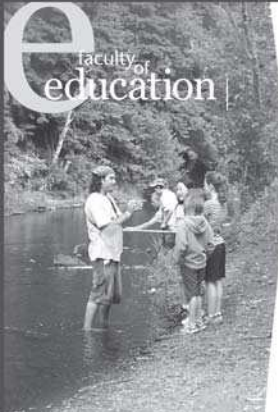
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF WITNESS

**Please note: this consent form must be completed in full, initialed where required, signed, dated, and witnessed before the Child is allowed to participate in the Camp activities.**

Personal information on this form is collected under the authority of section 3 of the *Lakehead University Act*. Users of this information are the office of the Chair of the Department of Lifelong Learning and the Eco-Literacy Adventure Camp staff. The form will be used to provide quick access to information in the case of emergencies and to ensure the safety and security of your child. Name, address, age, and phone number may be given to the insurer in the event the child is involved in an accident or witnesses one. This information will be kept otherwise completely confidential and securely filed. Any questions on this collection should be directed to: Coordinator, Eco-Literacy Adventure Camp, Faculty of Education, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 346-7852.



## What's up with planet Earth?

Department of Lifelong Learning  
**Eco-Literacy**  
adventure camp

Learn all about our amazing planet at the Eco-Literacy Adventure Camp, an exciting summer camp for children entering grades 4, 5, 6, and 7 in September. The camp combines reading and writing skill development with ecology, art projects, fitness, and games to provide a quality learning experience that is both educational and fun!

Eco-friendly books and reading materials become a springboard for engaging games and activities that encourage creative minds, physical activity, reading comprehension and learning about the environment. Each child receives a t-shirt and an eco-book to take home at the end of camp!

**Time:** 8:30 a.m. to 4:30 p.m.  
(8:00 a.m. early drop off and 5:00 p.m. late pick up available)


**Location:** 955 Oliver Road, Bora Laskin Building  
Lakehead University

**Fee:**

Early Registration Before June 1st	Late Registration After June 1st \$180.00/week	Family Price (2+ children) Save \$10.00 per child
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**Camp Dates:**  
Week A: Monday, July 6<sup>th</sup> to Friday, July 10<sup>th</sup>  
Week B: Monday, July 13<sup>th</sup> to Friday, July 17<sup>th</sup>  
Week C: Monday, July 20<sup>th</sup> to Friday, July 24<sup>th</sup>  
Week D: Monday, July 27<sup>th</sup> to Friday, July 31<sup>st</sup>

Registration package available online:  
<http://education.lakeheadu.ca/ecoliteracy>  
Phone: 346-7872



P.R.O. KIDS Supporter

