



Shoots with Roots Camp Registration and Emergency Contact Form

Camp Code/Date (s): _____.

Participant Name: _____ . Age: _____.

Parent/Guardian: _____.

Mailing Address: _____.

Phone Number: _____ . Cell: _____.

Email: _____.

Emergency Contact Information:

Name: _____ . Phone: _____.

Name: _____ . Phone: _____.

Medical Conditions (allergies, asthma, diabetes, etc):

*** send appropriate emergency medications such as epinephrine, inhalers ***

_____.

Signature for photo consent - names are NOT shown with images

(if photo consent is not granted please write NO on the line):

_____.

Participation Consent:

By signing below I _____ agree to the terms I have read in the Camp Information Documents and on this Consent Form.

I authorize Milner Gardens & Woodland to seek emergency medical care (911) for my child if necessary.

My child has permission to participate in all Shoots with Roots activities and I accept the inherent risks involved with such activities. I shall not cause proceedings to be brought against Milner Gardens & Woodland, its employees or volunteers.

Shoots with Roots and Milner Gardens & Woodland personnel take due care and diligence in all matters of safety involved with their programs. Staff and volunteers cannot be held liable for any injury or loss not directly caused by their failure to meet the standard of care.

All adults involved with Shoots with Roots programming have undergone a Criminal Record Check through the Oceanside RCMP.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

PROGRAM COODINATOR SIGNATURE: _____

* Information is collected solely for use by Shoots with Roots programming at Milner Gardens & Woodland. Information is not shared with other parties. You may be required to fill in new forms for each camp *

