



MULTI-SPORTS CAMP - REGISTRATION FORM

Please complete all sections and mail or email form to:

Aboriginal Sport & Wellness Council of Ontario
2425 Matheson Blvd East, 7th Floor
Mississauga, ON L4W 5K4

FOR INFORMATION:

Email: mekwan.tulpin@aswco.ca

Name of Participant

Date of Birth

Male

Female

Address

Community/Town

Postal Code

OHIP # (Health card number)

Allergies or Medical Concerns (See attached allergy form): Yes No

Parent/Guardian:

Home Telephone

Daytime Telephone

Parent/Guardian:

Home Telephone

Daytime Telephone

T-shirt Size: **Youth Sizes** S M L XL XXL

Adult Sizes S M L XL XXL



WAIVER & INFORMED CONSENT FORM

EMERGENCY TREATMENT

As the legal guardian or custodial parent of the Participant, I hereby give my permission to Aboriginal Sport & Wellness Council of Ontario (ASWCO) its officers, directors, servants, employees and agents to provide basic first aid or procure medical treatment for the participant in case of injury or accident or otherwise by a nurse, doctor, hospital or clinic chosen by the ASWCO and/or its employees, agents. I agree to be responsible for any and all costs associated with such treatment

CODE OF CONDUCT

We believe that a safe and inviting camp environment is not only a right, but also essential for optimum social, emotional, intellectual and physical growth. With this right comes responsibility towards self, others, the environment and the community. With the Multi-Sports camp programs, appropriate behaviours are expected. Participants are expected to be respectful, be cooperative, be involved, and be positive. Please talk to your child about these expectations prior to attending. Participants who are unable to comply will be asked to leave. No refunds will be given.

PRIVACY NOTICE

ASWCO collects, creates, uses, maintains, discloses and disposes of information for the purpose of operating the programs and business functions of the University in a manner consistent with the Freedom of Information and Protection of Privacy Act.

INFORMED CONSENT AGREEMENT

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of 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 ABORIGINAL SPORT AND WELLNESS COUNCIL OF ONTARIO 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 Organization 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 clarify that I am the parent/guardian for that minor, and agree to the above on their behalf.

PARENTAL APPROVAL

Pictures are frequently taken throughout the camps and there is a possibility that your child picture could appear in future brochures. Please inform us, if this is contrary to your wishes by selecting the appropriate option.

- Yes, I give permission to use pictures as mentioned above
- No, I do not give permission for the use of pictures as mentioned above

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement. Please note that all sheets requesting a signature MUST be signed in order to be accepted.

Parent/Guardian Signature

Date

EMERGENCY ALLERGY FORM

Child's surname

Child's given name

Male Female

EpiPen expiry date (Parents required to replace prior to expiry date.)

ALLERGY DESCRIPTION

This child has a dangerous life-threatening allergy to the following substances:

AVOIDANCE IS THE KEY

Please describe the situation in which your child will react to the allergen (ie. Touch, inhalation, ingestion):

SYMPTOMS SPECIFIC TO YOUR CHILD

Any other medication to be given, with specific instructions:

PARENT/GUARDIAN - EMERGENCY CONTACT INFORMATION

Parent/Guardian name

Telephone 1

Telephone 2

Parent/Guardian name

Date

ALLERGY INFORMATION FORM

Dear Parents/Guardians:

Our Multi-Sports Camps staff is prepared to work in partnership with you to manage your child's allergy. In order to do so, we will require the following;

- Complete the attached Emergency Allergy Alert form and return with your application.
- Assist camp staff by providing complete information concerning your child's allergies
- Provide your child with an EpiPen during each day of camp (if applicable) and ensure that a new EpiPen replaces any that have expired.

Thank you in advance for your co-operation with this very important matter.

Child's Surname

Child's Given Name

Male Female

D.O.B (Day/Month/Year)

Parent/Guardian Name

MEDICATIONS / PROCEDURES USED

Antihistamines EpiPen Other

Explain dosage and precautions:

Authorization and release for the administration of an EpiPen

I have requested that an EpiPen be administered in the event of an Anaphylaxis emergency.

I agree to provide ASWCO with a written updated medical statement whenever there is a change with respect to medication. It is further understood that keeping the camp staff informed is my responsibility. I also understand that the Emergency Allergy Alert form will be made available to staff in order to keep them informed.

Although the camp staff will work hard to ensure an allergen-free environment, I recognize that ASWCO programs, facilities, staff, and support people are in no way able to ensure or promise a risk-free or allergen-free environment for my child.

Parent/Guardian name

Date



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Child's surname

Child's given name

Male Female

There are potential risks in any physical activity program. The PAR-Q below has been developed to identify people that may be at greater risk, or who should see a physician for advice prior to attending our camps. PARENTS: Please read the PAR-Q carefully and respond honestly.

QUESTIONS

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said your child has a heart condition and recommended only medically approved physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does your child have chest pain brought on by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has your child developed chest pain in the past month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does your child lose consciousness or lose his/her balance as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does your child have a bone or joint problem that could be aggravated by the proposed physical activity? Medication Reason for Medication |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does your child have food allergies or any other conditions which we should be aware of? If yes, state details below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does your child have particular fears? If yes, indicate below: |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does your child have difficulties which may require some program adaptations?
<input type="checkbox"/> physical disability <input type="checkbox"/> learning disability <input type="checkbox"/> other _____ |

NOTE: If you answered YES to any questions, consult your doctor before sending your child to camp. Failure to do so may increase your child's injury / health risk of participating in the camps.

Special Requests:

Parent/Guardian signature

Date