



2008 "Skills Work!®" Camp: Exploring Careers in Skilled Trades and Technologies One Hands-on Activity at a Time

REGISTRATION FORM

Please specify preferred camp location & start date: \_\_\_\_\_

Participant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade as of September 4, 2008 \_\_\_\_\_

School \_\_\_\_\_ Gender: Male  Female  Preferred language: English  French

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Alternate Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Information:

Health Card Number: \_\_\_\_\_

Do you have any existing medical conditions or special needs which would affect your ability to participate? Yes  No

If yes, please explain. (Please Note that due to our safety obligations, campers with special needs requiring one-on-one attention will be expected to have an additional support person present at the camp) \_\_\_\_\_

Do you have any allergies? Yes  No

If yes, please explain: \_\_\_\_\_

\*Skills Canada – Ontario staff cannot administer daily medication to participants; all daily medications must be self-administered.

Agreement to Participate/Be Photographed Waiver

I understand that off-site field trips are part of the camp agenda. I hereby give my son/daughter permission to participate in all sanctioned events. I grant permission for my son/daughter to be bussed to off-site locations. I also give Skills Canada - Ontario and their community partners (i.e. community college or training boards) consent to take pictures of my son/daughter/charge for future promotion of this event. I also agree to the use of photographs by any media group. I am also aware that my child will benefit from the use of both fine and gross motor skills to participate in this camp program. I have read and understand the rules and conditions of participation as set out on this form and I agree to them.

Parental/Guardian Name (Please Print)

Parental/Guardian Signature

Date

Privacy Statement

Skills Canada – Ontario respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Skills Canada – Ontario, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply e-mail gails@skillscanada.com and we will gladly accommodate your request.

Method of Payment for the \$150 Fee (payment must be received no later than two weeks prior to camp to ensure registered spot)

Visa  MC \_\_\_\_\_ Expiry: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Cheque (Payable to Skills Canada – Ontario)

Questions?

Please contact Karen Throupe, "Skills Work!®" Camps Coordinator, Skills Canada – Ontario, 1.807.684.8853 or email [karent@skillscanada.com](mailto:karent@skillscanada.com) or visit [www.skillsontario.com](http://www.skillsontario.com) for additional information on our cancellation policy.

Please fax or mail the registration form to: Skills Canada – Ontario, 630 Riverbend Drive, Suite 102, Kitchener, ON N2K 3S2

Fax: (519) 749-6322

**SKILLS CANADA- ONTARIO**

**DISCLAIMER, WAIVER OF LIABILITY AND INDEMNITY**

I, \_\_\_\_\_, (the "**Applicant**"), the lawful Parent/Guardian of \_\_\_\_\_ (the "**Participant**") acknowledge that:

- (a) Skills Canada-Ontario ("**Skills Canada**") is a non-profit organization providing equipment, services and/or facilities for the use of its guests;
- (b) I wish the Participant to use Skills Canada facilities, equipment, the services of its employees and agents and transportation arranged by (the "**Skills Canada Facilities**");
- (c) The Skills Canada Facilities may be inherently dangerous.

NOW, THEREFORE, in consideration for the use of Skills Canada Facilities and the sum of One Dollar (\$1.00) paid by Skills Canada to the Applicant and Participant (the receipt and sufficiency whereof is hereby acknowledged), the Applicant, on behalf of himself/herself and the Participant, agrees:

- 1. to assume all risk of loss, including personal injury, death or loss of damage to property arising out of the use by the Participant of the Skills Canada Facilities or the conduct of Skills Canada, its directors, officers, members, employees or agents (individually or collectively the "**Group**") including the Group's negligence or gross negligence, and hereby releases the Group from all liability for such loss; except to the extent the Group is covered by a policy or policies of insurance in respect of such loss (which the Group may or may not have and the amount and terms of which are a the sole discretion of the Group);
- 2. to indemnify and save the Group harmless from any claim for loss damage, costs or expenses in excess of any applicable insurance coverage the Group may have, which claim the Applicant or Participant may make as a result of the use of Skills Canada Facilities by the Participant or the conduct of the Group;
- 3. that the undersigned has read this instrument and fully understands its contents and agrees that it shall be binding upon the Applicant, his/her heirs, executors, administrators successors or assigns and the Participant, his/her heirs, executors, administrators, successors or assigns; and
- 4. the undersigned hereby acknowledges that it has been advised to obtain independent legal advice with regard to this instrument and either has done so or has chosen not to do so.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 2008 at \_\_\_\_\_.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**