



PARTICIPANT INFORMATION

Participant's Name:

Age:

Birth Date:

Street Address:

Postal Code:

Email:

Phone Number:

T-Shirt Size:

Medical concerns / conditions (E.g. Allergies, asthma, diabetes):

Yes No

If yes, please complete an Emergency Alert and Consent to the Administration of an EpiPen form to accompany this registration.

Is the participant on any medication? (E.g. Ritalin, Inhaler, EpiPen)

Yes No

If yes, explain:

Does the participant require support/accommodation due to a disability?

Yes No

If yes, please complete a HVNA Support Information Form to accompany this registration.

I participated in an HVNA program:

In the past year 1-3 Years ago More than 3 years ago

I feel:

Well-connected Somewhat connected Not connected to the HVNA

I would like more information on volunteering with Hespeler Village Neighbourhood Association

PROGRAM INFORMATION & PAYMENT

Program	Week #/Date/Age group	Time	Fee	Invoice #
Summer Camp Hosted at Hespeler Arena – Beehive Hall 640 Ellis Road		9:00-3:00pm	\$125/week \$100 week of civic holiday	
Summer Camp Extended Day/ At Hespeler Arena – Beehive Hall 640 Ellis Road		3:00-5:30pm	\$50/week	

NO REFUNDS

EMERGENCY CONTACT INFORMATION

Guardian Name(s): Phone #: Other #:

Emergency Contact: Phone #: Other #:

ADDITIONAL NAMES FOR PICK UP/EMERGENCY CONTACT

Name	Relationship	Phone Number

PROGRAM READY CHECKLIST

In order to support the success, safety and inclusion of all individuals registered and participating in Hespeler Village Neighbourhood Association programs, it is important that participants attending these programs are indeed program ready. Staff has been trained in a variety of behaviour management techniques to encourage positive behaviour and self-discipline.

While HVNA will be making best reasonable efforts to reduce the risk of the spread of Coronavirus within its Camps facilities, I acknowledge that the current Coronavirus pandemic in Ontario and Canada is ongoing, and agree that HVNA can in no way can guarantee that my child or children that are receiving childcare pursuant to this agreement, or myself or any other authorized person entering a HVNA premises to pick up or drop off such child will not become infected with the Coronavirus. Do you agree?

Yes No

Each day, we ask participants to perform a self assessment prior to their arrival at camp to ensure no one arrives at camp with Covid-19 symptoms in the past 10 days. Do you agree?

Yes No

We are following all recent Covid-19 guidelines from the Ministry of Health. By registering for HVNA summer camp you are agreeing to uphold the rules and guidelines HVNA has implemented?

Do you agree?

Yes No

If your child/children present with Covid-19 like symptoms while in the program, they will be isolated and emergency phone numbers will be called for immediate pick-up. For this reason, we are asking that two emergency phone numbers are provided. Emergency contacts must be available for the duration of the program. Do you agree? Yes No

Campers are expected to come to camp each day with minimal personal belongings. We do require, and will confirm during the arrival process, that each child has their own lunch, water bottle, hat and sunscreen which are labeled with the child's name on it. Do you agree?

Yes No

Is your child able to take direction and instruction from a staff person?

Yes No

Is your child able to interact in a group environment?

Yes No

Is your child able to participate in the program? Participation in program is based on the child's individual needs; however, it is asked that participants can demonstrate an ability to participate in at least 50% of the program

Yes No

Is your child able to interact and participate in the program in a manner that is safe for themselves and others? Yes

No

Is your child able to perform personal hygiene tasks without assistance? (ie. Changing, toileting and washing of hands, applying hand sanitizer)

Yes No

For the health and safety of all campers, staff and families, please ensure your child is able to follow the behaviour expectations regarding staying in their own group and physical distancing. In the event that they are unable to meet these expectations, we will have no option but to release them from camp for the day. We will give them another opportunity to try again the following day that they are scheduled in camp in hopes that they will be successful. However there will be no refunds in this circumstance. Do you agree?

Yes No

CONSENTS

I authorize that my child is able to apply their own sunscreen and hand sanitizer

I authorize that my child is able to go to the bathroom facilities independently

I authorize that my child is program ready

I consent to allowing my child to sign themselves in and out of camp each day

SIGNATURE

I hereby agree that the information I have provided on this registration form is complete, true and accurate.

1. Authorization and RELEASE: I, in my personal capacity and on behalf of the participant, do hereby RELEASE FROM ALL LIABILITY Hespeler Village Neighbourhood Association, its directors, volunteers, employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses, or other mishap that may be incurred by the participant while attending a registered or drop in program or event, except where damage or injury is caused by the gross negligence of the Releasee. In the event the participant should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for the said treatment. At no time is the Releasee liable for the action/inaction of any support worker supplied by and/or for the participant.

2. Permission Form: I hereby give my child permission to travel off-site to activities and events with the staff and volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations materials/purposes.

3. Personal Information collected on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will be used only for the purpose of the HVNA. Questions about the collection of personal information should be directed to the HVNA Health Information Custodian by calling 519-240-3567. By signing this release, you are releasing your legal rights against HVNA

Signature for statements 1, 2 & 3

Parent/Guardian or Participant (18+):

Date: