



## Pinecone Project

### Summer Camp Registration Form

#### Camper Information

| First Name | Last Name |
|------------|-----------|
|            |           |

| Date of Birth | Current Grade |
|---------------|---------------|
|               |               |

| Cell number (if applicable) |
|-----------------------------|
|                             |

| Email (if applicable) |
|-----------------------|
|                       |

#### Parent/Guardian Information

| First Name | Last Name |
|------------|-----------|
|            |           |

| Daytime Contact Number |
|------------------------|
|                        |

| Email |
|-------|
|       |



### Emergency Information and Accommodations

| Emergency Contact First Name | Last Name |
|------------------------------|-----------|
|                              |           |

| Emergency Contact Relationship to Camper |
|--|
|  |

| Emergency Contact Daytime Phone Number |
|--|
|  |

| Please let us know if your child has any allergies or dietary restrictions. |
|---|
|   |

| Please let us know of any medical conditions, medications, or behavioural concerns that will affect your child's ability to participate in camp activities. You may include any information about accommodations that will assist your child's ability to fully participate. |
|--|
|  |



## Program Selection

Please select the program(s) you are registering your child for:

- Your University Thrival Guide @ 67 Taunton Rd. - July 28-31 - Grade 11-First Year (\$350)
- Designing a Better World @ Dragon Academy - August 19-23 - Grades 3-8 (\$375)
- Leadership by Design @ Dragon Academy - August 26-30 - Grades 9-12 (\$375)

### Before and After Care Options

- I require before-care for my child between the hours of 8 - 9 am (\$15/day)
- I require after-care for my child between the hours of 4 - 5 pm (\$15/day)

### Payment Options

Please select how you would like to complete the registration process:

- I have attached a cheque for the program fee plus any before and after care my child will need
- I will send an e-transfer to [connect@pineconeproject.ca](mailto:connect@pineconeproject.ca) for the program fee plus any before and after care my child will need
- Please email me an invoice and I will pay by credit card online

Please select one of the following:

- I give permission for photos and/or videos of my child to be used by Pinecone Project Inc. for promotional purposes
- I do not give permission for photos or videos of my child to be used by Pinecone Project Inc. for promotional purposes



**Informed Consent, Waiver, and Photo Permission**

I (Parent) hereby understand and acknowledge that there are certain risks inherent in science, technology, crafts, and/or art activities and both serious and/or minor injury are possible as a result of these activities. These injuries include but are not limited to cuts, slips, falls, burns, or choking.

I understand that Pinecone Project Inc. has developed precautions and rules for the safety and protection of all participants and agree that my child will abide by these rules. I warrant that my child is physically fit to participate in all activities and have disclosed any information that affects my child's ability to fully participate.

I agree that employees, volunteers, directors, and/or officers of Pinecone Project Inc. shall not be liable for any injury to my child or loss or damage of my child's property resulting from participation in these activities unless such injury, loss, or damage arises from the sole negligence of employees, volunteers, directors, and/or officers of Pinecone Project Inc. while acting within the scope of their duties.

In the event of injury I agree to allow my child to receive basic first aid/medical care from program facilitators certified in first aid, or trained medical professionals if necessary.

**Print Name (of Parent):** \_\_\_\_\_

**Signature (of Parent):** \_\_\_\_\_

**Date:** \_\_\_\_\_