



Equinox ~ Adventure Camps  
 PO Box 31391 Whitehorse, YT  
 Y1A 6K8 (867) 334-3725  
 equinox@equinox yukon.com  
 www.equinox yukon.com

## 2020 Spring Break Camper Registration Form

(one form per camper please)

### Camper Information

Name of Camper: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Is this a Returning Camper?  Yes  No

Name of Parent(s) / Guardian(s): \_\_\_\_\_

Who does Camper live with: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_ *(camp receipts will be sent by email)*

### Additional Emergency Contact Phone Numbers:

Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Camp Fees		
	Item Cost	Sub Total
Week 1, Mar. 16 - 20	\$355	
Week 2, Mar. 23 - 27	\$355	
Equinox Hat or Touque	\$15 x _____	
	Sub Total	
	GST (x 5%)	
	<b>Total</b>	

**Payment Summary**

**I will be paying:**

In Full

A Deposit of \$100 / week,

**I will be paying with:**

Interac e-Transfer (preferred)

Cheque - payable to 'Equinox'

Cash

Visa / Master Card  
(write # at bottom of this page)

Send me a PayPal invoice

include campers name and session #.

### FOR OFFICE USE:

Amount Paid	Payment Details	Receipt Sent
\$ _____	Chq.Name: _____	<input type="checkbox"/> Emailed Receipt
\$ _____	Interac Date _____ <input type="checkbox"/> Copy attached	Date: _____
<input type="checkbox"/> TO: <input type="checkbox"/> TP	Incl. \$ for other campers: _____	
	Session _____ \$ _____	

## **Refund Policy**

Camp fees (-\$50 admin fee) will be refunded **only if a cancellation is made a minimum of 3 weeks prior to the session starting date.**

Refunds or reduction of fees will not be offered for days missed in a session.

## **Conditions of Enrolment:**

- I understand that my child will participate in the full program and all activities, unless I advise the Camp otherwise in writing at the time of application.
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or, who appears to have rejected the reasonable expectations of the Camp.
- If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact the parent / guardian(s).
- I understand that pictures of my child taken at camp may be used on the Equinox website and on posters advertising Equinox Programs unless I advise the Camp otherwise in writing at the time of application.

## **To Send with Camper:**

- **A three layered clothing system** - the first layer should consist of long underwear (preferably made from polypropylene or wool, not cotton), the second layer should be insulating items to maintain body heat (i.e.: polar fleece), and the third layer should be something to block the wind and provide extra insulation (i.e.: warm snow pants and snow jacket).
- A **very** warm hat, pair of waterproof mittens and neck warmer
- An extra sweater for when the temperature drops
- Warm Boots and an extra pair of wool socks
- A few sets of instant hand and foot warmers for those prone to cold extremities
- Lunch and snacks
- 1L bottle of water or juice (or a thermos with hot chocolate / tea)
- Sunscreen & Sunglasses (those winter rays can be bright!)
- A keen sense of Adventure!



**Please meet daily at Mt. Sima**

**Sign in at Toboggan Hill to left of lodge.**

**AM @ 8:30-9:00 / PM @ 3:30-4:00**



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## Medical Information Form

*We will not register your camper until this medical information form is complete.  
Please complete this page in its entirety so that we can be sure your camper's medical information is accurate.*

Name of Camper: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Current Tetanus Shot? (yes/no): \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please check off any significant medical conditions, physical limitations or behavioural concerns which might affect your camper's visit to Camp:**

- Asthma -- Will your camper bring an asthma inhaler to Camp?  Yes  No
- Medication(s) (if required, specify dosage and procedure while at camp)
- Epilepsy
- Diabetes
- Migraine Headaches
- Ear, Nose, Throat Infections
- Digestive Upsets
- Sports Related Injuries
- Recent Illnesses (specify)
- Operations(s)
- Other

Please describe limitations of checked off items:

### Allergies and Food Concerns

- Camper Carries an EPI-PEN**
- Food Allergy (specify): \_\_\_\_\_
- Drug Allergy (specify): \_\_\_\_\_
- Other (ie: bee stings): \_\_\_\_\_

### Authorization

To the best of my knowledge, this camper does not have a communicable disease and is physically able to participate in all Camp activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary. I understand that I will be notified following assessment or treatment by a local physician. In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of my camper. This also allows permission for the Camp to contact the camper's family physician. I will notify the camp if any changes occur in my camper's health status/medications prior to Camp starting.

My signature below indicates all information on this application form is complete and accurate.

\_\_\_\_\_, 2020  
Signature of Parent or Guardian

\_\_\_\_\_, 2020  
Date

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.**

**TO:** Equinox Outdoor Learning Centre (“the Company”) and its directors, officers, employees, representatives and agents (collectively called “the Agents”).

I, \_\_\_\_\_ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by “the Company” and/or “the Agents” including, but not limited to: Canoeing, Hiking, Mountain Biking, Climbing Wall, Bouldering Wall, Zipline, Teambuilding, Ice Climbing, Ice Trekking, Ropes Course, Rock Climbing, Rappelling, Adventure Camp and Kayaking (collectively referred to as “the Activities”) and in further consideration of “the Company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).
2. I acknowledge that “the Activities” involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in “the Activities” and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against “the Company” and “the Agents” and release “the Company” and “the Agents” from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by “the Company” and/or “the Agents”.
5. I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “the Company”, even though “the Agents” are not formal parties to “the Agreement”.

**I AM NOT A MINOR, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.**

\_\_\_\_\_, 2020  
 Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Witness Signature \_\_\_\_\_ Witness Name \_\_\_\_\_

**IF I AM THE PARENT AND / OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE “THE AGREEMENT” ON BEHALF OF CHILD / WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE COMPANY AND AGENTS FOR ANY AND ALL CLAIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY “THE COMPANY” AND/OR “THE AGENTS”.**

\_\_\_\_\_  
 Name of Child \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

\_\_\_\_\_, 2020  
 Date \_\_\_\_\_ Print Name \_\_\_\_\_

**INTENDING TO BE LEGALLY BOUND I HAVE SIGNED THIS RELEASE AND WAIVER OF LIABILITY**