



**Equinox Adventure Camp**  
 PO Box 31391 Whitehorse, YT  
 Y1A 6K8 (867) 334-3725  
 camp@equinox Yukon.com  
[www.equinox Yukon.com](http://www.equinox Yukon.com)

## 2017 Adventure Camp Registration Form

(one form per camper please)

### **Camper Information**

Name of Camper: \_\_\_\_\_ Gender:  Girl  Boy  
 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: \_\_\_\_\_

### **Please indicate Session(s) with a ✓**

Session	Dates	Adventure Rox <small>(Age 5-12)</small>	Adventure Leadership Program <small>(age10-13)</small>	Zoom <small>(Thurs. &amp; Fri. only)</small>
1	June 19 – 23 (French)	<input type="checkbox"/> Regular	---	<input type="checkbox"/> Climb'n'Kayak
2	June 26 - 30	<input type="checkbox"/> Regular	<input type="checkbox"/> Takhini River	<input type="checkbox"/> Climb'n'Kayak
3	July 3 - 7	<input type="checkbox"/> Regular	---	<input type="checkbox"/> Climb'n'Kayak
4	July 10 – 14	<input type="checkbox"/> Regular	<input type="checkbox"/> Takhini River	<input type="checkbox"/> Climb'n'Kayak
5	July 17 – 21	<input type="checkbox"/> Regular	---	<input type="checkbox"/> Climb'n'Kayak
6	July 24 - 28	<input type="checkbox"/> Regular	<input type="checkbox"/> Takhini River	<input type="checkbox"/> Climb'n'Kayak
7	July 31 – Aug 4	<input type="checkbox"/> Regular		<input type="checkbox"/> Climb'n'Kayak
8	Aug 7 - 11	<input type="checkbox"/> Regular		<input type="checkbox"/> Climb'n'Kayak
9	Aug 14 - 18	<input type="checkbox"/> Regular		<input type="checkbox"/> Climb'n'Kayak
10	Aug 21 - 25	<input type="checkbox"/> Regular		<input type="checkbox"/> Climb'n'Kayak
11	Aug 28 – Sept 1	<input type="checkbox"/> Regular		<input type="checkbox"/> Climb'n'Kayak

**Fee Schedule**

Program	Cost	Sub Total
Adventure Camp	\$350 x ____ wk.(s)	
Adventure Leadership Prog.	\$475 x ____ wk.(s)	
Zoom (Thurs. & Fri.)	\$145 x ____ wk.(s)	
Equinox Hat (organic cotton)	\$15 x ____	
Donation (Send a Kid to Camp)		
	Sub Total	
	Add 5% GST	
	<b>Total</b>	

Payment Summary
<p><b>I will be paying:</b></p> <p><input type="checkbox"/> In Full</p> <p><input type="checkbox"/> A Deposit of \$100 / week,</p> <p><b>I will be paying with:</b></p> <p><input type="checkbox"/> Interac e-Transfer (preferred)</p> <p><input type="checkbox"/> Cheque - payable to 'Equinox'</p> <p><input type="checkbox"/> Cash or Money Order</p> <p><input type="checkbox"/> Visa / Master Card (write # at bottom of this page)</p> <p><input type="checkbox"/> Send me a PayPal invoice</p> <p>include campers name and session #.</p>

**Refund Policy**

Camp fees will be refunded **only if a cancellation is made a minimum of 2 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:
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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).</li> <li>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.</li> </ul>

**I HAVE READ THE REFUND POLICY AND THE CONDITIONS OF ENROLMENT AND I ACCEPT THE TERMS AS DESCRIBED.**

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_, 2017

**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 _____ \$ _____	

Visa / Mastercard # \_\_\_\_\_ exp. date (m/yr) \_\_\_\_/\_\_\_\_ Name on Card:



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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.

\_\_\_\_\_, 2017  
 Signature of Parent or Guardian Date

