



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

2019 Adventure Camp 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: _____

Please indicate Session(s) with a ✓

Session	Dates	Adventure Rox (Age 5-12)	Adventure Leadership Program (age10-14)	Zoom (Daily Drop-in)
1	June 17 - 21	<input type="checkbox"/>	---	<input type="checkbox"/>
2	June 24 - 28	<input type="checkbox"/>	<input type="checkbox"/> Takhini River	<input type="checkbox"/>
3	July 1 - 5	<input type="checkbox"/>	---	<input type="checkbox"/>
4	July 8 - 12	<input type="checkbox"/>	<input type="checkbox"/> Takhini River	<input type="checkbox"/>
5	July 15 - 19	<input type="checkbox"/>	---	<input type="checkbox"/>
6	July 22 - 26	<input type="checkbox"/>	<input type="checkbox"/> Takhini River	<input type="checkbox"/>
7	July 29 - Aug 2	<input type="checkbox"/>	---	<input type="checkbox"/>
8	Aug 5 - Aug 9	<input type="checkbox"/>	---	<input type="checkbox"/>
9	Aug 12 - 16	<input type="checkbox"/>	---	<input type="checkbox"/>
10	Aug 19 - 23	<input type="checkbox"/>	---	<input type="checkbox"/>

Fee Schedule

Program	Cost	Sub Total	Payment Summary
Adventure Camp	\$355 x ____ wk.(s)		<p>I will be paying:</p> <p><input type="checkbox"/> In Full</p> <p><input type="checkbox"/> A Non-Refundable Deposit of \$50 / week</p> <p>I will be paying with:</p> <p><input type="checkbox"/> Interac e-Transfer (preferred)</p> <p><input type="checkbox"/> Cheque - payable to 'Equinox'</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Visa / Master Card (we will email an invoice payable by cc)</p> <p>Please include campers name and session #.</p>
Adventure Leadership Prog.	\$485 x ____ wk.(s)		
Zoom (Daily Drop-in)	\$85 x ____ day(s)		
Equinox Hat	\$15 x ____		
Donation (Send a Kid to Camp)			
	Sub Total		
	Add 5% GST		
	Total		

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.

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

Parent / Guardian Initial _____

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 _____ \$ _____	



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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: _____

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 ~ 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)
- Behaviour
- 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.

 Signature of Parent or Guardian

