



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

## 2018 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. 19-23	\$340	
Week 2, Mar. 26-30	\$340	
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 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:**

- 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 Signature \_\_\_\_\_ Date: \_\_\_\_\_, 2018

Adventure Campers should wear or pack their knapsack with the following items every day:

- **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 #: \_\_\_\_\_ Date of last Tetanus Shot (d/m/y): \_\_\_\_\_

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.

\_\_\_\_\_, 2018  
Signature of Parent or Guardian

\_\_\_\_\_, 2018  
Date

