



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): _____

Address: _____ City: _____ Postal Code: _____

Email: _____ *(camp receipts will be sent by email)*

Contact Phone Numbers:

Phone: _____ Belongs to: _____ Relation to Camper: _____

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		---	
2	June 24 - 28		Takhini River	
3	July 1 - 5		---	
4	July 8 - 12		Takhini River	
5	July 15 - 19		---	
6	July 22 - 26		Takhini River	
7	July 29 - Aug 2		---	
8	Aug 5 - Aug 9		---	
9	Aug 12 - 16		---	
10	Aug 19 - 23		---	

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		

**If not purchasing a program, please enter a zero in the Cost column and tab through the fields. This will allow the Sub Total to calculate.*

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 Initials _____

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

 Parent/Guardian Initials

**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 Adventure Consulting (“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 Tower, Zip Line, Team Building, Ice Climbing, 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.

Signature of Participant	_____, 2019
Date (m/d)	
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
_____, 2019	Print Name
Date (m/d)	

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