KSF

REGISTRATION FORM - KSF DAY CAMP

Please complete one form per child and sent it to groupes@ksf.ca at least one week (7 days) before the beginning of the camp.

1. CAMP DATES - Please check off which camp your child is registered in.

9 to 12 years olds

- ▢ June 24th to 28th
- ▢ July 1st to 5th
- ▢ July 8th to 12th
- ▢ July 15th to 19th
- ▢ July 22nd to 26th
- ▢ July 29th to August 2nd
- ▢ August 5th to 9th
- ▢ August 12th to 19th

13 to 16 year olds

- ▢ June 24th to 28th
- ▢ July 1st to 5th
- ▢ July 8th to 12th
- ▢ July 15th to 19th
- ▢ July 22nd to 26th
- ▢ July 29th to August 2nd
- ▢ August 5th to 9th
- ▢ August 12th to 19th

2. CHILD

First Name			
Last name		Date of Birth	/ / (MM / JJ / AAAA)
Address			
City		Postal code	
E-mail			
Healthcare insurance number		Expiration date	
T-shirt size	Junior S ☐ M ☐ L ☐ Adulte S ☐ M ☐ L ☐	First experience in a day camp? Yes ☐ No ☐	
Spoken languages at home :		Other languages	
Pronoun used by the child (he-she) : First name used by the child :			
Particularities to consider regarding beliefs? Yes ☐ No ☐ if yes, which ones :			
Particularities to consider with regarding gender identity Yes ☐ No ☐ if yes, which ones :			

3. PARENT OR CARE TAKER

First name		First Name	
Last Name		Last Name	
Link with the chil		Link with the child	
Address		Address	
Phone number	Home	Phone number	Home
	Office		Office
	Cell.		Cell.
e-mail		e-mail	

4. EMERGENCY CONTACT (other than parents)

Contact # 1		Contact # 2	
First Name		First Name	
Last Name		Last Name	
Link with the child		Link with the child	
Phone Number	Home	Phone Number	Home
	Office		Office
	Cell.		Cell.

5. SPECIAL NEEDS & DIAGNOSTIC

Informations regarding your child's health are very precious and will help us to make sure that he or she has a great experience. Thank you to fill up the evaluation form regarding your child's needs.

Did your child receive a diagnostic? (behaviour disorder, ADHD, anxiety, autism disorder, visual impairment, etc.) Yes ☐ No ☐	If not, is she or he waiting for a diagnostic? Yes ☐ No ☐
Si oui, lequel(s) :	

6. TAX DOCUMENTS

Person who will receive the Relevé 24 for income tax purposes.

First and Last name:		Social security number	________-________-________

7. AUTORISATIONS

☐	I authorize KSF to take picture and videos of my child for promotional use.
☐	Medications (si applicable) I authorize the KSF day camp employees to give, if needed, one or many non-prescription medications, to my child: Check which medications : ☐ Acetaminophen (*Tylenol, Tempra*) ☐ Antiemetic (*Gravol*) ☐ Antihistamine (*Benadryl*, *Reactine*) ☐ Anti-inflammatory Ibuprofen (*Advil)* ☐ Antibiotics in form of cream (*Polysporin*) ☐ coughing syrup ☐ others, specify : ____________________
☐	I authorize KSF day camp head office to give all the health care needed. I authorize the KSF day camp to transport my child by ambulance or by other transportation (at my own expenses) to an health institution. In case of emergency, if it's impossible to contact me, I authorize the doctor chosen by the day camp to give all the health care needed including chirurgical intervention, transfusion, injections, anesthesia, hospitalisation, etc.
☐	If any there are any changes concerning my child's health situation while the day camp period, I am committed to give all the new informations to KSF day camp head office, which will give the information to their employees.
Parent or tutor signature :	Date :

8. MEDICAL INFORMATION \ MEDICAL INSURANCE CARD

My child has allergies :	Yes ☐ No☐		
If yes, which ones :			
Medication: (please indicate the dosage)			
Health insurance number:		Expiration date:	

9. DEPARTURE AND DAY CARE POLICY

Activities starts at 9:00 am and ends at 4:00pm. A parent or a tutor has to fill the section below to allow the child to leave alone or with another adult. Please, answer the questions below.

* You may check more than one option

☐	My child can leave by him-herself at the end of the day
☐	My child had to leave with a parent or tutor at the end of the day, name of the parents-tutors : • ______________________ • ______________________
☐	My child can leave with a parent or another authorized person, names below : • ______________________ • ______________________ • ______________________ • ______________________

10. DAY CARE SERVICE

My child will go to the day care	Yes ☐ No☐
If yes, tell us when: morning ☐ evening ☐ both ☐	

11. SIGNATURES

I, ______________________ (name of the parent or legal tutor), states that the registration document is duly completed by the date of ________________.

Parent or tutor signature : ______________________________________

Date : ________________

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

ACTIVITY/COURSE: ____

1- INHERENT RISKS

I acknowledge being informed of the risks involved in kayaking, river surfing and Stand Up Paddleboarding that are part of KSF's program. The risks are, more specifically, but not limited to:

- Personal injury caused by falls and false movements (sprain, strain, fracture, dislocation);
- Injuries caused by blunt or sharp objects (branches, equipment, etc.);
- Trauma, cold, hypothermia;
- Injuries caused by accidental or intentional contacts with others;
- Food allergies or other allergies;
- Contact with water or drowning;
- Burns or problems related to heat

I accept these risks as part of the activity, and the consequences they may implicate.

I recognize that, given the field and distance from shore and services, evacuation may be long and arduous and that medical care may be delayed. I acknowledge that employees may exclude anyone from the activity at any time if they pose a risk to others.

Initials________ **Guardian initials (if less than 16 years old)________**

2 – HEALTH CONDITION

Sex : ____________ Age : _____________ Allergies? YES / NO If yes, specify: ________________

Are you pregnant? YES / NO If yes, how many months: ____________________________________

Do you take medication? YES / NO If yes, specify the name of the medication and dosage:

____

Do you have any physical, emotional, behavioral or health problems that could directly or indirectly limit you in the practice of the activity in which you participate? YES / NO

If yes, specify (ex: respiratory problems, heart problems, diabetes, vision, deafness, water phobia, rapids phobia, movement limitations, etc.):

____

____

*If you have circled yes, you must inform your instructor of your situation

Initials___________ **Guardian initials (if less than 16 years old)______________**

After discussing it with a staff member of KSF, I accept the additional risk that could lead to a possible worsening of my health condition.

Initials___________ **Guardian initials (if less than 16 years old)______________**

PLEASE FILL THE BACK

3 - PERMISSION TO ADMINISTER FIRST AID

In case of injury, accident, or loss of consciousness, I authorize the people in charge to provide the necessary emergency care and to take the necessary steps to have me evacuated.

If I am under medical treatment or if I have known reactions to certain situations, I have notified a staff member and I have indicated to them how to proceed in case of failure on my part to administer the treatment myself.

Initials________ **Guardian initials (if less than 16 years old)______________**

4 - WATER QUALITY

I recognize that it is difficult to know and control the quality of the water where KSF offers its activities (St. Lawrence River). I am aware that swimming in these waters can cause skin diseases, stomach problems or other.

I accept these risks as part of the activity, and the consequences they may implicate.

Initials________ **Guardian initials (if less than 16 years old)______________**

5 - CONFIRMATION OF INFORMATION AND RISK AKNOWLEDGEMENT

I certify that the information contained in this document is accurate to the best of my knowledge. I certify that I have not deliberately omitted information about my health. I am aware the information contained in this form is confidential and is intended to plan and supervise better the safety of the activity I am attending as well as allowing KSF to develop a profile of its customers. I am aware that the activities offered by KSF occur in a semi-natural or a natural field that may, consequently, be further away from medical services. This situation could lead to long delays during an emergency requiring evacuation, and therefore a possible worsening of my state or my injury. After considering these risks and discussing them with a staff member responsible of the activity, I have been informed of the inherent risks of the activity and I am able to undertake the activity knowing and accepting the risks involved. I am also committed to playing an active role in the management of these risks by adopting a preventive attitude towards myself and others. The instructor has the right to exclude any person he judges to be a threat to himself or the rest of the group. I understand that I may have to exit the activity for one reason or another. Finally, I certify that I am not under the influence of alcohol or drugs.

Name (printed letters) ____

Signature ____ **Date** ____________________

E-mail ______________________________________ **Phone number** ____________________________

Phone number in case of emergency: Texte____

Minors or children's groups (To be filled by a parent or guardian for those under 16 years old.)

Name of parent/guardian (printed letters) ____

Signature ____ **Date** ______________________

GROUPS

Representative of the responsible authority: ____

Organism or school name: ____