

# Camp Registration Form

## Check appropriate Box

{Office Use Only} Fill out date

- Splash Camp Week: \_\_\_\_\_
- Single Day: \_\_\_\_\_
- Specialty Camp: \_\_\_\_\_
- CIT Program : \_\_\_\_\_

Canada Games  
Aquatic Centre



Centre Aquatique  
Jeux du Canada

Campers' Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Legal Guardian (if different than above) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_ (Mandatory for camp notices & forms )

Camper lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (explain) \_\_\_\_\_

Authorized individual to pick up Camper if other than parent or legal Guardian \_\_\_\_\_

Alternate Contact in case of Emergency:

1. Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### MEDICAL INFORMATION

Please check if your child has any of the following conditions:

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Asperger's | <input type="checkbox"/> Allergies: Please List: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Autism     | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ADHD       |  |

Please list any important details (ie. medications that need to be taken during camp, precautions, etc.)

Physician(s) \_\_\_\_\_

Medicare # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Parents must fill out the Minor Photo/Video Release on the next page

### Waiver Form:

***I am aware and hereby release the Canada Games Aquatic Centre from all claims and damages in the Summer Splash and Specialty Camps. I understand that I will be given notice of excursion activities and that all precautions will be taken to ensure the safety and well-being of my child.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

50 Union Street, Saint John N.B. E2L 1A1  
(506)658-4715 phone (506) 658-4730 fax

[aquatics@nbnet.nb.ca](mailto:aquatics@nbnet.nb.ca)

[www.aquatics.nb.ca](http://www.aquatics.nb.ca)

## Photo/Video Release - Minor

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledged as received, upon the terms hereinafter stated, I hereby grant to Canada Games Aquatic Centre (CGAC), its legal representatives and assigns, those for whom CGAC is acting, and those acting with CGAC's authority and permission, the absolute right and permission to take, use, reuse, publish and re-publish video and still imagery of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with them the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any and all media or hereafter known, for art, advertising, trade or any other purpose whatsoever.

I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless and defend CGAC, its legal representatives or assigns, and all persons acting under permission of or authority or those for whom CGAC is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said imagery or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or violation of any right of publicity or privacy.

I hereby warrant that I am of full age and have every right to sign this contract for the minor in the above regard. **I state further that I have read the above authorization**, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

Fill out the information below if you allow your camper to be in photos and videos

**Date:** \_\_\_\_\_

**Business or Name:** \_\_\_\_\_

**Minor Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Please sign here if you DO NOT wish your child to be in photos or videos**

\_\_\_\_\_

50 Union Street Saint John NB Canada E2L 1A1

1-506 658-4715

[www.aquatics.nb.ca](http://www.aquatics.nb.ca)