



FOR ADMINISTRATOR USE ONLY					
W1	5-9 / 7		W4	26-30 / 7	
W2	12-16 / 7		W5	3-6 / 8 *	
W3	19-23 / 7		W6	9-13 / 8	

REGISTRATION FORM 2021

Thank you for choosing REZONANS Summer Camp! By completing this form you acknowledge that you are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf. ALL SECTIONS MUST BE COMPLETED.

Camper Information					
First and Last Name: (As on Health Card)					
Name in Ukrainian your child and you prefer: (e.g. Ярко or Славчик for Yaroslav, Соломія or Мія for Solomia, etc.)					
Date of Birth:	DD/MM/YYYY	Age at July 1st:		Health Card Number:	
Camper's Home Address					
Address				City	Postal Code
Parent(s) or Guardian(s) Information					
Mother's (Or Guardian's) Name:					
Contact Phone #:	CELL PHONE:	WORK PHONE:	HOME PHONE:		
Father's (Or Guardian's) Name:					
Contact Phone #:	CELL PHONE:	WORK PHONE:	HOME PHONE:		
Name of Emergency Contact:					
	CELL PHONE:	WORK PHONE:	HOME PHONE:		
Code of Conduct					

The safety of each individual in the Program is of the utmost importance to Rezonans Studio. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by Rezonans Studio staff. I hereby agree that any behaviour of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, Rezonans Studio reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct.

Signature: _____

Health History and Personal Information

The more information you can provide, the better we can meet the needs of your child. Whatever information you provide to us will be treated with confidence and respect.

Is the participant under any form of treatment for an illness, condition or injury?

Yes No

If yes, please explain:

Does your child have any medical or behavioural conditions that we should be aware of?

Yes No

If yes please take a moment to explain:

Carries Epi-pen: Yes No

For:

Wears Medic-Alert Bracelet: Yes No

For:

Allergies

Seasonal Yes No

Drugs Yes No

Food Yes No

Insects Yes No

Other Yes No

Other health issues (please check any applicable areas):

- Asthma
- Bleeding/clotting
- Diabetes
- Ear infections
- Emotional behaviour
- Epilepsy
- Frequent colds/sinus infections
- Hearing
- Hypertension
- Injury
- Kidney trouble
- Migraines
- Sight
- Skin conditions

Camp Session Registration: (Please Check All Weeks That Apply)

Check the box next to the week you are registering for:			
	Week 1	July 5 - 9	\$200
	Week 2	July 12 - 16	\$200
	Week 3	July 19 - 23	\$200
	Week 4	July 26 - 30	\$200
	Week 5	August 3 - 6 *	\$160
	Week 6	August 9 - 13	\$200
	TOTAL		

***Short Week:**
closed on August 2nd
for Civic Holiday.
Short week payment
is \$40 less.

Please e transfer payment to studiorezonans@gmail.com

Parent's Signature and Acknowledgement:

I acknowledge that I have read and understand the payment options and refund limitations as follows: Because of a high enrollment and limited availability of space there is **no refund of fees for cancellation or withdrawal** of a child from camp either before the start of camp or during camp. I understand that under certain circumstances the camp administration reserves the right to send a child home before the end of camp.

Signed: _____ Date: _____

PHOTO AND VIDEO CONSENT

By signing this Form, you are consenting to the taking of photographs and/or video recordings of your child by Rezonans Studio for marketing, advertising, promotional and/or communication purposes, you are assigning to Rezonans Studio, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part. For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of my child to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by Rezonans Studio. _____ Please initial

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While Rezonans Studio staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a Rezonans Summer Camp, I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Rezonans Summer Camp Program activities. In consideration for the Registrant's opportunity to participate in all activities, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge Rezonans Studio, its employees and volunteers from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, Rezonans Summer Camp activities. _____ Please initial

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by Rezonans Studio with a designated contact cannot be made, I hereby authorize and grant permission to Rezonans Studio staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold Rezonans Studio responsible for any costs or injury arising out of an emergency situation. _____ Please initial

DISCLAIMER

All programs of Rezonans Summer Camp are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program.

REGISTRATION AGREEMENT

By signing my name, I acknowledge that I have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, and Disclaimer.

Camper name: _____

Name of parent or guardian: _____

Parent or guardian signature: _____ Date: _____