

CAMP OUAREAU OUTDOOR LEARNING CENTRE

Experiencing the Adventure of Camping for over 80 years

Is there anything you would like us to be aware of, so that we can improve our quality of care for your child?
(I.e. fears, behaviour difficulties, special diet, family situation, etc.) (If needed, write on the back of this form.)

What do you hope this Outdoor Learning Experience will bring to your child?

AUTHORIZATION: Registration will not be complete without an original signature below.

In registering and permitting my child _____ to attend the Camp Ouareau Outdoor Learning Centre, I, the undersigned parent, guardian or other duly authorized party, hereby agree as follows:

1. To the best of my knowledge my child is in good health. I will notify camp if he or she has been exposed to an infectious disease during the three weeks prior to arriving at camp.
2. *****I will also notify the camp in writing if my child has any changes in his / her medical condition between the time I send in the Medical Information Form and the beginning of my child's Outdoor Learning session.**
3. I hereby agree to permit my child to participate in the full range of the Outdoor Learning Centre activities (unless I advise you, Camp Ouareau, in writing). I agree that, the Camp Ouareau having taken all precautions as in your discretion are deemed advisable, Camp Ouareau shall not be held responsible for any accident or sickness to my child. I understand that, although every effort will be made to ensure that my child is sent home with all of his/her belongings, the Camp Ouareau Outdoor Learning Centre is not responsible for loss of theft of belongings or money.
4. I understand that the Camp Ouareau Outdoor Learning Centre reserves the right to cancel registration if the complete Medical and Camper Information package is not completed and if authorization is not signed by the parent/guardian and returned to the camp office at the beginning of the Outdoor Learning session.
5. I understand that Camp Ouareau Outdoor Learning Centre reserves the right to cancel my child's participation in his or her camp session if his or her behaviour is deemed unmanageable or dangerous to him/herself, other campers or staff members of Camp Ouareau.
6. I understand that Camp Ouareau Outdoor Learning Centre reserves the right to cancel my child's participation in his or her camp session if he or she is harboring or using, illegal narcotics, unauthorised prescription or none prescription drugs, alcohol, and or cigarettes.
7. Camp Ouareau reserves the right to use photo or video images of campers for advertising purposes unless otherwise instructed.

(Your child's registration will not be completed unless this form is accompanied by the Medical Form, Community Contract Form and the Camper Information Form. Students will not be allowed to participate in the activities of the Camp Ouareau Outdoor Learning Centre without an original signature on all appropriate and marked places.)

Parent's/Guardian's Signature: _____

Date: _____

Relationship to Student: _____

CAMP OUAREAU OUTDOOR LEARNING CENTRE

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