



Equinox Adventure Camp  
 15 Arctic Chief - Whitehorse, YT  
 Y1A 0C2 - (867) 334-3725  
[camp@equinox yukon.com](mailto:camp@equinox yukon.com)  
[www.equinox yukon.com](http://www.equinox yukon.com)

## 2021 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): \_\_\_\_\_

Who does Camper live with: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ *(camp receipts will be sent by email)*

### Additional Emergency Contact Phone Numbers

Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Belongs to: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

### Please indicate Session(s) with a ✓

Session	Dates	Adventure Camp (Age 5-12)
0	June 14 - 18	
1	June 21 - 25	Full
2	June 28 - July 2	
3	July 5 - 9	Full
4	July 12 - 16	Full
5	July 19 - 23	Full
6	Haines Junction July 19 - 23	Full
7	July 26 - 30	
8	Aug 2 - 6	
9	Aug 9 - 13	

## Fee Schedule

Program	Cost	Sub Total
Adventure Camp	\$375 x ____wk.(s)	
Equinox Hat	\$15 x ____	
Donation (Send a Kid to Camp)		
	Sub Total	
	Add 5% GST	
	<b>Total</b>	

### I will be paying:

- In Full  
 A Deposit of \$50 / week,

### I will be paying with:

- Interac e-Transfer (preferred)  
 Cheque - payable to 'Equinox'  
 Cash  
 Visa / Master Card  
 (we will email an invoice payable by cc)

include campers name and session #.

## Refund Policy

Camp fees (-\$50 admin fee) will be refunded only if a cancellation is made at least 3 weeks prior to the session start date. Refunds or reduction of fees will not be offered for days missed in a session.

Full or partial refunds will be provided for any issues related to Covid-19.

## 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.

## What to Bring

- Lunch and snacks for the whole day
- 1L bottle of water or juice
- Swimsuit, towel & flip-flops (just in case we go swimming)
- Sunscreen and bug repellent
- Baseball hat or other type of hat for sun protection
- Rain gear ...we play rain or shine!
- Warm clothes for those cooler days
- An extra pair of shoes that you can get wet
- A keen sense of Adventure!



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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 #: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

### Covid-19

- Campers will be screened daily for symptoms (Cough, Fever, Shortness of breath, General feeling of being unwell).
- They should not have traveled outside the Territory or been in contact with someone with Covid in the past 14 days.

**Please check off any significant medical conditions, physical limitations or behavioural concerns which might affect your camper's visit to Camp:**

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma ~ Will your camper bring an asthma inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <input type="checkbox"/> Allergies ~ Will your camper bring an EPI-PEN? <input type="checkbox"/> Yes <input type="checkbox"/> No     |   |
| <input type="checkbox"/> Medication ~ specify dosage and procedure while at camp   |   |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Sports Related Injuries    |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Recent Illnesses (specify) |
| <input type="checkbox"/> Migraine Headaches  | <input type="checkbox"/> Operation(s)               |
| <input type="checkbox"/> Ear, Nose, Throat Infections  | <input type="checkbox"/> Behaviour                  |
| <input type="checkbox"/> Digestive Upsets  | <input type="checkbox"/> Other                      |

Please describe limitations of checked off items:

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

\_\_\_\_\_  
 Signature of Parent or Guardian

**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, Zipline, Teambuilding, 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.**

	_____, 2021
Signature of Participant	Date
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
_____, 2021	
Date	Print Name

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