



Equinox Adventure Camp
 15 Arctic Chief - Whitehorse, YT
 Y1A 0C2 - (867) 334-3725
camp@equinox yukon.com
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	Adventure Camp Dates	Registration
ALL WEEKS FULL		
0	June 14 - 18	
1	June 21 - 25	
2	June 28 - July 2	
3	July 5 - 9	
4	July 12 - 16	
5	July 19 - 23	
6	Haines Junction July 19 - 23	
7	July 26 - 30	
8	Aug 2 - 6	
9	Aug 9 - 13	
10	Aug. 16 - 20	<input type="checkbox"/>

*Please contact us to be added to a waitlist for full camps

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	
	Total	

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.

Rescheduling or partial refunds may be available for any issues relating 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).

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

- Asthma ~ Will your camper bring an asthma inhaler?
Allergies ~ Will your camper bring an EPI-PEN?
Medication ~ specify dosage and procedure while at camp
Epilepsy
Diabetes
Migraine Headaches
Ear, Nose, Throat Infections
Digestive Upsets
Sports Related Injuries
Recent Illnesses (specify)
Operation(s)
Behaviour
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

