

Equinox Adventure Camp 15 Arctic Chief - Whitehorse, YT Y1A 0C2 - (867) 334-3725

camp@equinoxyukon.com www.equinoxyukon.com

2021 Adventure Camp Registration Form

(one form per camper please)

<u>Camper inform</u>	<u>nation</u>				
Name of Camper	•			Gender:	
Date of Birth (d/m	n/y):	_Age at Camp:	Is this a Re	turning Camper? □Yes	□No
Name of Parent(s	s) / Guardian(s): _				
Who does Campe	er live with:				
Address:			City:	Postal Code:	
Phone:	one:Email:		(camp receipts will be sent by email)		
Additional Emer	gency Contact P	hone Numbers			
Phone:	Belongs to:_		Relatio	n to Camper:	
Phone:	Belongs to:		Relatio	n to Camper:	

Please indicate Session(s) with a ✓

Set AL	L WEEKS FU	Advanture ip
0	June 14 - 18	(/ tg 0 12)
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	

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

Fee Schedule

Program	Cost	Sub Total
Adventure Camp	\$375 xwk.(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!



Equinox Adventure Camp

15 Arctic Chief - Whitehorse, YT Y1A 0C2 - (867) 334-3725 camp@equinoxyukon.com www.equinoxyukon.com

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 s 	ymptoms (Cough, Fever, Shortness of bre	eath, General feeling of being unwell).
Please check off any signifigant medical conditions	s, physical limitations or behavioural concerns v	which might affect your camper's visit to Camp:
□ Asthma ~ Will your camper bring an asthma	inhaler? □ Yes □ No	Please descibe limitations of checked
□ Allergies ~ Will your camper bring an EPI-PE	EN? □ Yes □ No	off items:
□ Medication ~ specifiy dosage and procedure	while at camp	
□ Epilepsy	□ Sports Related Injuries	
□ Diabetes	□ Recent Illnesses (specifiy)	
□ Migraine Headaches	□ Operation(s)	
□ Ear, Nose, Throat Infections	□ Behaviour	
□ Digestive Upsets	□ Other	
To the best of my knowledge, this camper do	Authorization	is abusically able to portisinate in all Comp
activities except as indicated above. All medic noted. I give permission for this health inform necessary. I understand that I will be notified f cannot be reached, permission is hereby giver health of my camper. This also allows permission changes occur in my camper's heath status/me	al problems or conditions requiring ongoing ation to be shared with the appropriate Ca ollowing assessment or treatment by a loca to the Camp staff to take whatever steps sion for the Camp to contact the camper's	medical supervision or care have been fully amp staff and outside Medical Personnel as I physician. In the case of an emergency, if I deemed necessary to ensure the safety and
My signature below indicates all info	ormation on this application form i	s 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.

	Equinox Adventure Consulting ("the Company") ants (collectively called "the Agents").	and its directors, officers, employees, representatives and	
I.	hereb	y sign this agreement on behalf of myself, my personal	
repr	resentatives, heirs and assigns.	, i g i i i g i i i i i i i i i i g i i i g i	
1.	including, but not limited to: Canoeing, Hiking, McClimbing, Ropes Course, Rock Climbing, Rappel "the Activities") and in further consideration of "th by the terms of this Release of Liability, Waiver o Agreement").	Il events organized by "the Company" and/or "the Agents" ountain Biking, Climbing Tower, Zipline, Teambuilding, Ice Illing, Adventure Camp and Kayaking (collectively referred to as the Company" allowing me to do so, that I will be strictly bound of Claims, Assumption of Risk and Indemnity Agreement ("the	
۷.	 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		
4.5.	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".		
I AM <u>NOT A MINOR</u> , 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 INDEMNTIY FOR ALL CLAIMS.			
		. 2021	
Sig	nature of Participant	Date	
Wit	ness Signature	Witness Name	
	U *** *		
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 INDEMMNIFY 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".			
Nai	me of Child	Signature of parent/guardian	
	0004		
Dat	, 2021	Drint Nama	

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