



RFYL Olympic Sport Summer Camp Registration Form

Select:	Options:	Weeks:
	1 Week Option	July 2 nd – July 5 th
	1 Week Option	July 8 th – July 12 th
	2 Week Option	July 2 nd - July 12 th

General Family Information – Parent 1 or Legal Guardian 1

Name:		Cell Phone:	
Email Address:			
Address:			
City:		Postal Code:	

Parent 2 / Guardian2 Information (optional)

Name:		Cell Phone:	
Email Address:	(provide only if you wish to receive email communications)		
Address:	(if different than above)		
City:	(if different than above)	Postal Code:	(if different than above)

Emergency Contact (mandatory - if either Parent cannot be reached)

Emergency Contact:		Relationship:	
Cell Phone:		Cell Phone:	

Athlete(s) Information

First Name		Last Name		Gender	<input type="checkbox"/> F <input type="checkbox"/> M
Birth Date	(dd/mm/yyyy)	Cell Phone	(optional)		
<input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9					
Email Address	(provide only if you want athlete to receive email communications)				



First Name		Last Name		Gender	<input type="checkbox"/> F <input type="checkbox"/> M
Birth Date	(dd/mm/yyyy)	Cell Phone	(optional)		
<input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9					
Email Address	(provide only if you want athlete to receive email communications)				
First Name		Last Name		Gender	<input type="checkbox"/> F <input type="checkbox"/> M
Birth Date	(dd/mm/yyyy)	Cell Phone	(optional)		
<input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9					
Email Address	(provide only if you want athlete to receive email communications)				

Summer Camp General Polices and Information

1. The RFYL Olympic Sport Summer Camp promotes an inclusive, safe and welcoming atmosphere where people are valued and respected.
2. Please do not send your child to summer camp with valuable items. Also, label all your child’s belongings to ensure its safe return. We cannot be responsible for any lost or stolen items.
3. The camp will involve lots of physical activity so please bring two changes of clothes just in case your child needs a fresh outfit to wear.
4. We at RFYL and the staff of our Olympic Sport Summer Camp are advocates for healthy kids. Your child will be very active in several activities like playing games, sports and off site excursions so it’s important for them to bring a healthy nut--free lunch and snacks. We will provide water and refreshments like fresh fruit and sometimes freezes on hot days.
5. Since the summer camp will be facilitated outside more than inside please provide your child with adequate sun block and a hat to wear.
6. If your child has a medical condition and needs medicine to be administered onsite, please let us know so we can forward you our medication form. If your child becomes ill during the day we will contact, you to make a decision whether your child should be picked up or not.
7. Upon registration, you will be provided with a calendar of activities your child will be participating in throughout the days and weeks. If you would like to visit your child during the day, please let us know in advance.



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Client Health Questionnaire

All information received on this form will be treated as strictly confidential. Please fill out completely and accurately. This information is essential to helping us develop a program that addresses your child's goals and interests and is safe and effective.

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in Gazelle training.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> History of Head Injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Migraine | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections | <input type="checkbox"/> Hernia | | |
| <input type="checkbox"/> Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability | | | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Give details of usual treatment for each of the above conditions indicated:

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: _____

If foods are life-threatening, please explain the symptoms and the treatment: _____

(b) Medications: _____

(c) Other (e.g., bee or wasp stings, environmental allergies): _____

Yes ___ No ___ Has your child/ward suffered any serious allergic or asthmatic reaction?

If yes, please provide details, including the type and severity of reaction: _____

Is allergy considered: Mild ___ Moderate ___ Serious ___ Life-Threatening ___

Yes ___ No ___ Has a doctor prescribed an Epi-Pen for your child/ward?

Yes ___ No ___ Has a doctor prescribed an inhaler for asthma? (Prescribed asthma inhalers must be carried by the child during training.)

Yes ___ No ___ Has a doctor prescribed an inhaler for any other reason?

Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons: _____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____

What prescribed medication(s) should your child/ward have with him/her during training? _____

General

Yes ___ No ___ (1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)?

If yes, please specify what is written on it: _____

Yes ___ No ___ (2) Does your child/ward have any other relevant medical condition that will require modification of the program?

If yes, please explain: _____

Should it become necessary for my child/ward to have medical care, I hereby give the coach permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.



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WAIVERS, DISCLAIMERS & CONSENT

Policies

I consent to the following Running For Your Life Policies:

- 1.! Registration Fees are non-refundable.
- 2.! For liability purposes, registration forms must be completed and Registration Fees must be paid prior to commencement of training.

Medical

Does Athlete have special needs; medical conditions or allergies you would like us to know about: YES NO Please ensure you fill out the Client Health Questionnaire attached with this form for each child.

Sunscreen

- My child is unable to properly apply sunscreen to himself/herself. My child will need the assistance of an adult to apply his/her sunscreen.
- My child is able to apply sunscreen himself/herself

Authorization for Field Trips

I give permission for my child to leave the premises of the St-Mary's High School to participate in trips. I give permission to the staff of Running For Your Life to take my child to all scheduled trip locations for the Olympic Sports Summer Camp program. I give the staff permission to take my child on trips to local parks, playgrounds and swimming pools. I agree that my child may be transported to trip sites by School Bus, Public Transit or by walking. I understand that my child will be escorted and supervised by the staff of Running For Your Life while participating in these activities



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Media Release

I hereby give Running For Your Life consent to use and reproduce my child's name/image for promotional purposes related to Running For Your Life. My child's first name (unless otherwise authorized)/image may be published or used in social media sites, newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Running For Your Life. I release Running For Your Life from any and all claims, of any nature, based on any uses of the above.

Waiver Release and Indemnity

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of Running For Your Life Inc., and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the Running For Your Life Inc., the sponsors of said programs, or any of the Running For Your Life Inc. representatives, employees or volunteers, in respect to any personal injury to such child arising in any way at, from or in connection with the programs and services of Running For Your Life Inc. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

IN CONSIDERATION of the acceptance of my registration and the permission to participate in the RFYL Olympic Sport Summer Camp for the session for which I am registered, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Running For Your Life Inc. and all other associations, sanctioning bodies and sponsoring companies, and all other agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ANY AND ALL CLAIMS, demands, damages, costs, expenses, actions and causes of actions, where in law or equity, in respect of death, injury, loss or damage to my person or property, HOWEVER CAUSED arising or to arise by reason of my participation in said, whether as a spectator, participant, competitor or otherwise; whether prior to, during or subsequent to any such event and NOTWITHSTANDING that some may have contributed to or occasioned by the negligence of any of theaforesaid.



I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release and indemnity. I warrant that I am physically fit to participate as a member of Running For Your Life Inc. Olympic Sport Summer Camp.

I am the parent and/or legal guardian of the child being filmed and understand the foregoing statements of Waiver and Media Releases, and am competent to execute this agreement.

Parent/Guardian Signature _____ Date _____