

IRC SUMMER CAMP - 2022 CAMPER REGISTRATION FORM

The IRC Summer Camp is designed to encourage summer learning by promoting a love of learning, outdoor adventure, and teamwork. Campers are provided with a safe and supportive environment where they take part in many types of fun and educational activities, including reading, healthy recreational and cultural pursuits, storytelling, arts & crafts, field trips, sports, and more while adhering to the proper safety measures to combat COVID-19.

All campers will be provided with individual snacks throughout the afternoon and will frequently be engaging in outdoor activities that will take them off premises. **All campers will be provided with a refillable water bottle.**

CAMPER INFORMATION

Name	Gender	Backgro	ound	
	☐ Female ☐ Male	☐ Other ☐ Inuvi	aluit Other	
Age	Date of Birth (DD/MM/YY)		Health Card Number	
Identify any special needs o conditions, allergies or food	or considerations your child may r d restrictions:	equire including physical, en	notional, and/or behavioura	
	NTACT INFORMATION			
PARENT/GUARDIAN CO		Relationship To Child (Parent	t, Grandparent, Guardian):	
		Relationship To Child (Parent	t, Grandparent, Guardian):	
Name			t, Grandparent, Guardian):	

EMERGENCY CONTACTS (OR ALTERNATIVE PICK UP)

These are people over the age of 16 who are authorized to pick up your child and can be contacted by IRC staff when the parent/guardian cannot be reached.

Name	Name
Relationship To Child (Parent, Grandparent, Guardian):	Relationship To Child (Parent, Grandparent, Guardian):
Phone	Phone

IRC 01-05242022 PAGE **1** OF **2**



ASSUMPTION OF RISK

I am aware that my child's participation in the Program is voluntary and may involve situations or activities that inherently come with some level of risk of personal harm or injury. I understand and freely accept the inherent risks that may occur within the normal course of the Program activities.

CONSENT AND RELEASE

PARENT/GUARDIAN CONSENT

I consent to the Inuvialuit Regional Corporation staff or Youth Centre/Recreation person(s) in charge to take any and all necessary actions for medical attention of my child or ward in the event of an emergency. I understand that I will be notified by the quickest means possible if this authority is exercised.

Parent/Guardian Signature

Date

PHOTO/VIDEO RELEASE CONSENT

I consent to the Inuvialuit Regional Corporation staff, Youth Centre/Recreation person(s) and/or ACTUA staff to take photos/videos of my child or ward that may be used for the purposes of future camp promotion(s) and future Inuvialuit Regional Corporation events.

I consent to ACTUA's use of these photos/videos in reports, publications, promotional material and social media, both in print and online and media coverage related to this camp or initiatives of ACTUA.

Parent/Guardian Signature

Date

CONSENT OF RELEASE

I consent to allow my child to walk to camp and home in the afternoon. Otherwise, my child is expected to be dropped off and picked up, and/or signed in and out by me or the alternative pick up contact provided.

Parent/Guardian Signature

Date

If your child is unwell and/or experiencing symptoms of COVID-19, please keep them home and away from the camp facilities until they are feeling better. I acknowledge this statement and agree to adhere to the statement above.

Parent/Guardian Signature

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IRC 01-05242022 PAGE **2** OF **2**