

Hillside Nature Camp 2020 Registration Form

***** Registration Deadline -June 1st, 2020 *****

Please print off this form and email or mail it to the address below along with payment

Hillside Outdoor Education School

2259 Meadowvale Rd. Scarborough, On M1X 1R2

phone: 647-456-9389 Email: HillsideNatureCamp@tdsb.on.ca

Camper Name: _____
Age: _____ **Gender:** _____ **Preferred pronoun: (she/he/they/ze)** _____

Grade (Entering): _____ **School:** _____
Birthdate(dd/mm/yy): _____

Email(please include email we can use to send your confirmation package):

Home Address _____

Parent/Guardian Contact #1:
_____ **First**
contact Phone: _____ **Second phone:** _____ **Third**
Phone: _____

Parent/Guardian Contact #2:

First contact Phone: _____ **Second phone:** _____
Third Phone: _____

Emergency Contact Person (other than above): Name: _____
Relationship to Camper: _____ **First contact**
Phone: _____ **Second phone:** _____ **Third**
Phone: _____

Weeks Attending (Please check and calculate the total below)

___ Week 1 - June 29, 30 July 2,3 (No Camp July 1st) \$250 (***\$225**)

___ Week 2 - July 6-10 \$300 (***\$270**)

___ Week 3 - July 13-17 \$300 (***\$270**)

___ Week 4 - July 20-24 \$300 (***\$270**)

___ Week 5 - July 27-31 \$300 (***\$270**) **Total:** _____

***Early Bird Rate (Use Early Bird Rate if registering by March 16) Please make cheque payable to: TDSB-Hillside Nature Camp**

Please check your method of payment: I am paying by cheque.

**Cheque is enclosed. _____ OR I have paid via School Cash Online _____.
Extended care may be available for an additional fee from 8am to 5 pm upon request. Please contact camp staff at the email above to inquire about availability. Please see our website to review our refund and cancellation policy.**

Please select a size for your free T-Shirt: Youth medium _____
Youth large _____ Adult small _____ Adult medium _____

Authorization for Child Pick up from Hillside Nature Camp: I hereby give consent for Hillside Nature Camp staff to allow my child to be picked up by the following person(s) other than the parents/guardians listed above:

Name _____

Relationship to camper _____

Name _____

Relationship to camper _____

Media Release By initialing the line below, I hereby give consent to my child being, filmed, interviewed, photographed or having audio or video recordings made of my child by the media (print, broadcast, and online) and employees, agents or servants of the Toronto District School Board. I understand that the text or image(s) may appear in electronic form or in other publications outside of the Board's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction. _____ **I Agree**

Off-Site Trip Release By initialing the line below, I understand that from time to time, students are engaged in non-high-care curricular activities that occur off camp property in the immediate community, but within walking distance or short bus ride distance of the camp. I hereby give consent for my child to participate in these activities and also to leave camp property by bus to various other locations on our field trip day.
_____ **I Agree**

Registration Policies Release: I have read and agree to the the Hillside Nature Camp policies found here: _____ **I Agree**

Email List By initialing this line, I agree to receive emails, reminders and promotional offers from Hillside Nature Camp. _____ **I Agree**

How did you hear about

us: _____

QUESTIONS? Please email or call Matt: HillsideNatureCamp@tdsb.on.ca

phone: 647-456-9389

Hillside Nature Camp 2020 Health and Medical Form

Camper's Name:

Ontario Health Card Number:

Please provide a health card number or health insurance number. If the camper does not have either of those options, parents/guardians will be asked to provide a credit card number to pay for expenses in the event that the camper needs to visit the hospital. (Please indicate "none" in the space provided if this is the case and follow up with an email.)

Family Doctor and phone Number:

Health or Medical Conditions:

Please indicate any medical conditions, physical limitations or any other concerns that might affect your child's full participation in camp activities. Please indicate "none" if not applicable.

Please list any allergies or asthma:

Please rate the severity (1=Mild 4=Life Threatening) and reaction/treatment. Please indicate "none"

If not applicable. _____

Does the camper have an EpiPen or Inhaler?

If "yes", the camper **MUST** bring the epipen or inhaler to camp.

Epipen: Yes/No Inhaler: Yes/ No

Medication(s)

EpiPens and inhalers are carried by the camper at all times. All other medications shall be collected and monitored by Sr. Staff. Please include the name of any medication, reason, dosage and method of administration.

Dietary Restrictions:

List any foods that should be avoided for medical, dietary or religious reasons.

Consent of Parent/Guardians

By checking the line below I understand that, in the event of a medical emergency, medical officials can authorize emergency care. This would only apply when a serious condition exists and Camp Staff and Medical Officials have been unable to contact Parent/Guardians. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

____ I Agree