

APPLICATIONS MUST BE COMPLETED IN FULL- PLEASE PRINT CLEARLY INSERT PASSPORT SIZE PHOTO HERE! 

Camper Household Information		
Camper's first name:	Last Name:	
Grade:	Gender:	
Date of birth:	School:	
Address:		
City:		
Postal Code:		
Care Card Number:	Doctor's Name:	
Camper phone number:	First Language:	
Camper email:		
Has the camper attended Zajac ranch before?	YES	NO
Parent/ Guardian information		
Name:	Name:	
Relationship:	Relationship:	
Phone number:	Phone number:	
Email:	Email:	
Emergency Contact person:	Relationship:	
Emergency Contact phone number:	Emergency Contact email:	
Food & Allergies		
Does the Camper have any Allergies? (Food, Drug, environment):	Yes	NO
If Yes, please explain the type of reaction: (Anaphylaxis, rash, itch etc...)		

Does the Camper have any special dietary requirements? (Gluten free / Vegetarian):

Medical History:

Does the camper have any medical illness, medical problems or special needs that staff should be aware of? YES NO

Medical History

What are the details of any medical illness, medical problems or special needs that staff should be aware of:

Has the camper been recently hospitalized? Yes No
 If yes, please give detail:

If the Camper is bringing medication with them to Camp please list details of the medication as outlined below (include over – the – counter medicines & vitamins)

Drug/Supplement name & Strength	Dose	Frequency	Time of day

****All medications are strictly monitored by staff at camp. Please send medications in original bottles, properly labelled with the camper's name. Must have correct pharmacy labels.**

Waiver & Consent for Medical Treatment at Camp

I, _____ (Parent/Guardian), hereby grant permission to the nurses, staff and consulting physicians at the Zajac Ranch for Children to administer medication and provide medical and other care for _____ (Campers Name) including transportation deemed necessary or appropriate in connection with the treatment of my camper.

I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my child while at the Zajac Ranch for Children or offsite. I authorize the Camp Director or the appointee to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as they may deem essential for the care and wellbeing of my child. Such action is only to be taken when immediate contact with parents/guardians cannot be made.

I permit my child to participate in the full range of camp activities and absolve the Zajac Ranch for Children and the Mel Jr & Marty Zajac Foundation and all related organizations from responsibility for any injuries resulting from these activities. I assume full responsibility for any damage or destruction of camp property as a result of the actions of my child, and I understand that I will be billed for any such damage and / or destruction.

I understand all information pertaining to my child will be treated confidentially by the Zajac Ranch for Children. However, I agree that said information may be shared with / released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child (including, but not limited to nursing, medical and other camp staff, the Zajac Foundation, and the Zajac Ranch for Children insurance companies).

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE FOR MEDICAL TREATMENT

Parent or Guardian signature

Date (DD/MMM/YYYY)

Photo/Video Consent

I, _____ (Parent/Guardian) hereby give permission for the Zajac Ranch for Children & Zajac Foundation to use photographs/ videos taken of my child _____ (Camper name) during camp sessions for promotional, fundraising and/ or editorial purposes.

I understand that the Zajac Foundation and Zajac Ranch for Children are committed to the protection of all campers' privacy and will use appropriate photos/ videos with the utmost discretion. I hereby consent to the use of these photographs/ videos produced and/ or published for the purpose of online, print and television.

- I agree that the first name, age and camp session attended may be published with the photograph/video
- I agree that these photographs / videos will be the exclusive property of the Zajac Foundation and Zajac Ranch for Children.
- I understand that signing this release does not guarantee publication of the photo/video
- I understand that there will be no compensation or remuneration for the use of the photo/video.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE REGARDING PHOTO/VIDEO CONSENT

Parent/Guardian signature

Date (DD/MMM/ YYYY)

**If you choose not to give Photo consent your camper will not appear in any Summer Camp photo albums or videos*

Please tick this box if you **do not give photo consent**

CAMP CHOICE 2024 **August 12th– August 16th**

Parental Acknowledgement, Authorization, Release and Indemnification Agreement

THIS IS A LEGAL DOCUMENT. By signing this Agreement you indicate that you have understood the risks associated with the activity, give up certain rights including the right to sue, agree to assume financial responsibility for any injury or damage resulting from the activity, and indicate that you have understood and agree to this Agreement. **PLEASE READ CAREFULLY.**

IN CONSIDERATION of **BC CAMP CHOICE SOCIETY** permitting me to enroll my child or ward _____ (the “Student”) in Camp Choice BC (the “Class”), I, the undersigned, for myself and on behalf of the Student and our respective representatives, assigns, heirs, and next of kin:

1. HEREBY ACKNOWLEDGE AND CERTIFY that I have attended the Class Parent Orientation meeting, fully understand what BC Camp Choice Society will present to the Student, including, among other things, demonstrations and other mental techniques, games, skills, role playing, and many other participatory activities, including, but not limited to, archery, backpacking, circus activities, climbing wall, rope course, horseback riding, and watersports, and understand that I, as parent or legal guardian, am welcome to enter the Class at any time to observe and participate in the Class;

2. HEREBY ACKNOWLEDGE that participation in the Class involves inherent risks, including, but not limited to:

- falling from heights and colliding with the ground, trees, ropes or other participants;
- falling objects;
- rope abrasion or entanglement;
- exposure to inclement weather;
- injury resulting from the non-use or misuse of equipment;
- slipping or falling on uneven terrain;
- student negligence;
- drowning;
- being hit by objects; or
- being bit or kicked by animals,

and other risks that may cause property damage, bodily injury and possible death to the Student, and nevertheless freely and voluntarily accepts these risks;

3. HEREBY AUTHORIZE BC Camp Choice Society, its directors, officers, volunteers, agents, employees, and independent contractors (collectively, the “Releases”) to obtain medication that the Student may require and to grant permission for necessary medical treatment and related procedures that the Student may require,

and certify that the allergies of the Student and any and all medical problems that might be important or at all relevant to an individual rendering medical treatment to, or performing related procedures for the Student, are set forth below;

4. **HEREBY PROMISE NOT TO SUE AND RELEASE AND DISCHARGE THE RELEASES** from any and all liability to me or to the Student or any of our respective personal representatives, assigns, heirs, and next of kin for all loss or damages, and any claims or demands therefore, on account of property damage or bodily injury to or behavior modification or death of the Student, whether caused by the negligence of RELEASES, attending medical personnel or otherwise, resulting from or arising out of the Student's participation in the Class or otherwise;

5. **HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASES** and each of them for any loss, liability, damage, or cost that they may incur due to the participation of the Student in the Class or otherwise;

6. **HEREBY WARRANT** that the following statements are true and correct and I understand that the RELEASEES have relied upon them in permitting the Student to enroll in the Class:

- a. None of the RELEASEES has made any oral representations, statements, or inducements to him/her other than those set forth in this written Agreement;
- b. I am 19 years of age or older;
- c. I am the parent or legal guardian of the Student;
- d. I assume full responsibility for any and all risk of bodily injury to and behavior modifications or death of Student, whether due to the negligence of the RELEASEES or otherwise; and
- e. **I HAVE READ AND VOLUNTARILY SIGNED THIS PARENTAL ACKNOWLEDGEMENT, AUTHORIZATION, RELEASE AND INDEMNIFICATION AGREEMENT;**

7. **HEREBY AGREE** that the invalidity or unenforceability of any of the provisions of this Agreement will not affect the validity or enforceability of the remainder of this Agreement; and

8. **HEREBY AGREE** that in this Agreement, where the singular is used it includes the plural and vice versa.

YOUTH'S NAME: _____

Organization/Person Referred by: _____

ALLERGIES: _____

None

MEDICAL PROBLEMS: _____

None

If there are no Allergies or Medical Problems, please indicate by selecting NONE.

Parents Name: _____

Parents Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Date: _____

Date: _____

Both Parents must sign this form. If one parent has sole legal custody that must be stated herein and provide proof, if requested.

BC Camp Choice Society Representative:
