



Summer Camp Registration

SCHOOL OF MODERN DANCE (the "Activity Provider")
65 Denzil Doyle Ct., Kanata, ON K2M 2G8, Unit 212

Child Information

First Name _____ Last _____ Birth date ____/____/____

Home Address _____

Town/City _____ Prov _____ Postal code _____

Parent/Guardian - Contact Information

First Name _____ Last Name _____

Home Address (If different from the Child being registered) _____

Town/City _____ Prov _____ Postal Code _____ E-mail _____

Home Phone _____ Work Phone _____ Cell phone _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

Please list people including in addition to parent/guardian who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

By signing below, you specify that you have read, understood and agreed to the following statements regarding each student you are registering.

I understand and agree that in participating in summer dance camp there is a possibility of physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to my child during "School of Modern Dance" summer dance camp activities. I also exempt, release, and indemnify "School of Modern Dance", its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, or injury to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by "School of Modern Dance". I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold "School of Modern Dance", its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss or injury.

I acknowledge that the Participant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above-mentioned activity. If required, the Participant will obtain a medical examination and clearance.

I acknowledge that "School Of Modern Dance" shall not be responsible for child's care either before or after the Summer Dance Camp hours either on or off its premises.

Permission is granted to "School of Modern Dance" to use photographs and videos of students for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although the student's photograph may be used for advertising, his or her identity will not be disclosed by School of Modern Dance, I do not expect compensation and that all photos/videos are the property of School of Modern Dance and its affiliates.

I certify that I am the parent or legal guardian and have the right to waive these rights.

COVID-19 Provisions

All individuals, including camp participants, parents/guardians, and visitors will be required to provide daily health screening information electronically (e.g., via online form, survey, or e-mail) including temperature checks at home prior to arrival. Entry will be denied to any individual who has any of the symptoms outlined in the COVID-19 Reference Document for Symptoms on the Ministry of Health's COVID-19 website¹ or who has come in close contact with a person with symptoms of or confirmed COVID-19 in the past 14 days. Parent/Guardian agree and understand that screening cannot guarantee that COVID-19 transmission would not occur during the camp.

Camp participants will be monitored for atypical symptoms and signs of COVID-19. If camp participant begins to show symptoms of COVID-19 while in camp, this participant will be separated from others and Parents/guardians will be notified for the immediate pick-up.

Symptomatic camp participants will be referred for testing and those who test negative for COVID-19 will be excluded from the program until 24 hours after symptom resolution. If a symptomatic person receives a negative result, a repeat test within 24-48 hours can be considered if clinical suspicion is high. Those who test positive for COVID-19 will be excluded from the program. Camp participants awaiting test results will be excluded from camp.

Full refund will be granted if cancelled 30 days or more before the beginning of the program; 50% refund if cancelled 15 to 30 days prior to the start date; 25% refund if cancelled 7 to 15 days; non-refundable if cancelled 7 days or less prior to the start date of the program.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Appendix:

1. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf