

# Forestry Trades Camp 2019 Registration Form

## **Camp Wright**

May 28-31, 2019

Please complete all 6 pages of this package and return to:

**Aspen View – Joe Shelast**

Phone: 780-675-9549 / 780-698-3970

Email [joe.shelast@asperview.org](mailto:joe.shelast@asperview.org)

**High Prairie Public Schools - Monica Edwards**

Phone: 780-805-4520

Email [medwards@hpsd.ca](mailto:medwards@hpsd.ca)

**\*\*This form needs to be signed and submitted by Friday, May 3, 2019,**

**to be considered to attend the "May 28-31, 2019, Forestry Trades Camp" at Camp Wright.**

**\*\* If you cannot get the package submitted by this date but want to attend, please contact Joe or Monica.**

***Note:** This information is collected in accordance with privacy legislation and will be used solely for the purpose of providing medical care and support during the camp program, as well as to provide contact information for future engagement in off campus programming. Information will be accessible to the organizing parties, and will remain private and confidential within these groups.*

**If the camp attendee is under the age of 18, a parent or guardian must complete these forms.**

### **Student Information**

#### **General:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Community: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Birth Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Boot Size \_\_\_\_\_

Hand Size \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Do you wear glasses? \_\_\_\_\_

### Why I Want to Attend the Forestry Trades Camp:

Please provide us with a few sentences indicating why you want to attend this camp. Please note, if there are more applications than there are spots available in the camp, this paragraph could be used to help in the selection process.

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### Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### School Contact (Principal, Success Coach, etc.):

*Please note, this person may be contacted if the student or parent/guardian cannot be contacted.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Allergy and Medical Info:

Please describe any allergies (drugs, food, environmental), dietary requirements, disabilities, medical conditions or special needs of the student participant. Also describe any special/extraordinary care required. **Please note specific food concerns** so we can accommodate the daily lunches (Vegan, Vegetarian, etc.).

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Does the student have any medical concerns that camp organizers should be aware of?

YES  NO

If 'yes', please describe:

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Please list any medication presently being taken and the condition being treated:

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## Consents, Waivers, Releases and Understandings

### 1. Consent for Contacting Students

I acknowledge that in the event that the planning committee cannot reach parents, guardians or students with the contact information provided in this form, that my child can be contacted through the school office.

Date Signed: \_\_\_\_\_

Participant: \_\_\_\_\_  
Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

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### 2. Consent for Sharing Student Contact Information with Career: The Next Generation

Careers: The Next Generation is a supporting partner in the planning, financing and running of the Forestry Trades Camp. The forestry industry is providing funding to Careers: The Next Generation to support this opportunity, with the expectation that Careers: The Next Generation can track students as they make education and career choices after the camp has ended.

I acknowledge that Careers: The Next Generation has permission to contact me or my child to track his/her education and career choices after the camp has ended. I acknowledge that I can revoke this permission at any time.

I acknowledge that Aspen View Public Schools, High Prairie School Division, stakeholder colleges, and the forestry mills have permission to contact me or my child to track his/her education and career choices after the camp has ended. I acknowledge that I can revoke this permission at any time.

Date Signed: \_\_\_\_\_

Participant: \_\_\_\_\_  
Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

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### 3. Consent for Medical Treatment and Release of Information

We, the undersigned participant, parent or guardian, understand the above information is collected in accordance with privacy legislation. In signing this form, I give permission for the above information to be used for the sole purpose of providing medical care and support for the duration of the camp program.

I acknowledge that in the event of an emergency, treatment may be provided to myself or my child by a physician selected by Aspen View Public Schools and that I will be financially responsible for any costs associated with such treatment and services, such as ambulance service.

I understand that it is my responsibility, as parent or guardian of my child to inform Aspen View Public Schools of any medical or health concerns that may affect my child's participation in the camp program and related events and activities.

Date Signed: \_\_\_\_\_

Participant: \_\_\_\_\_  
Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

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#### 4. Off Site Consent and Behaviour Agreement:

I consent to having my child travel by bus to and from Camp Wright, and to visit other camps at Narrow Lake and Long Lake to take part in organized camp activities such as canoeing, archery and outdoor cooking. These other camps are within the vicinity of Camp Wright, and will require bus trips of less than 10 minutes each.

I agree that if my child does not follow the rules of the camp as set out by Aspen View Public Schools and Camp Wright staff, my child will be asked to leave the camp and I will need to send someone to pick my child up.

Date Signed: \_\_\_\_\_

Participant: \_\_\_\_\_  
Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

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#### Forestry Trades Camp Model Release Form

I grant permission to Aspen View Public Schools, High Prairie School Division, Careers: The Next Generation and the forestry mills that are toured, and the camp partnership colleges to receive, take, and release my likenesses and voice as audio, photographic, digital, electronic, video or other products. I understand these images or recordings may be used for research, educational, news, promotional, or advertising purposes.

I hereby release, discharge, and hold harmless the institutions and their agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in these photographs or recordings.

I hereby waive any right I have to inspect and / or approve the finished work.

I agree to no royalties now or in the future. I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

I have read this release before signing below, and fully understand the conditions of this release.

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**For minors, this form must ALSO be signed by a parent / guardian**

As the legal parent / guardian of \_\_\_\_\_, I agree with the above on my own accord and on behalf of the noted minor and release Forestry Trades Camp partner organizations from any kind of claim.

Parent / Guardian Full Name (Print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Protection of Privacy** - The personal information requested on this form is being collected for purposes consistent with the registration and management of the Forestry Trades Camp. This information may be disclosed to the other partners directly involved with the Forestry Trades Camp for purposes consistent with the camp. Please direct any questions related to the collection and use of this information to: Donna Wesley, Director of Curriculum and Technology, Aspen View Public Schools at 780-675-7080 ext.05 during business hours or at 780-554-8870 after hours.

Forestry Trades Camp partner organizations agree to:

- Not publish last names or other information making students individually identifiable
- Not publish personal contact details
- Where possible publish group photographs rather than individual images

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## 5. Notification and Understanding of Risks

### **If this form is not signed, your child will not be permitted to participate in camp activities.**

In consideration of Alberta Health Services, I am authorizing my son or daughter or the child with respect to whom I have been appointed legal guardian (the "Student") to participate in the Forestry Trades Camp (the "Activity"), I, the parent or legal guardian of the Student, agree to and acknowledge the following:

The student will be involved in activities organized by Aspen View Public Schools, High Prairie School Division, Careers: The Next Generation, Portage College, Northern Lakes College and independent journeymen and other potential activity providers and stakeholders.

Participants may be involved in physical exertion, and will be involved in the use of machinery/trades equipment, the use of recreational equipment and the use of fire extinguishing / training equipment.

I am fully informed of and assume, in respect of my child's participation in the activities at the Forestry Trades Camp, all risks to the Student and all risks to third parties resulting directly or indirectly from acts or omissions of the Student. Such risks include but are not limited to damage to or loss of property, bodily injuries or death.

I waive and release, on my own behalf and on behalf of the Student, the Institutions, and their respective members, directors, officers, employees, agents, consultants and volunteers (all of whom are collectively referred to as "the Releasees") from all actions, claims, demands, damages, liabilities, losses, costs and expenses whatsoever arising or that may arise, directly or indirectly, as a result of participation by the Student in the Activity.

If the Institutions determine that the Student's involvement in the Activity is or is reasonably likely to be disruptive or detrimental to any other participants, the public, any other third party or to the Student, the Institutions may withdraw the Student from the Activity and in such event, none of the Releasees, shall be liable in any manner for any such withdrawal or the costs of withdrawal.

In consideration of being allowed to use the equipment, materials and facilities for Forestry Trades Camp and being allowed to participate in any way in the Activity and related events, we the undersigned participant, parent or guardian, hereby agree as follows:

TO ABIDE BY or to inform my child that he or she is to abide by the rules and regulations including directions and instructions from Forestry Trades Camp staff and/or volunteers and in the event that there is a failure to do so, I agree that my child may be excluded from further participation in the Activity and that I may be contacted to have my child picked up and removed from the Activity;

That this Agreement will be effective and binding upon myself, my child, our heirs, next of kin, executors, administrators and assigns in the event of myself or my child's death.

We, the undersigned participant, parent or guardian, hereby acknowledge that we have read the foregoing, and, in the case of parent or guardian, have explained its meaning to our son, daughter or ward.

Participant Name: \_\_\_\_\_  
  Print Name    Signature

Date signed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
  Print Name    Signature

Date signed: \_\_\_\_\_