



# Activity Registration

Activity Applying For & Date(s) \_\_\_\_\_

Camper's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Camper's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Custodial Parent/Guardian Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent/Guardian Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Emergency Contact (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency contact Relationship to Camper \_\_\_\_\_

Are there any physical, mental or psychological considerations that the camp should be made aware of

\_\_\_\_\_

\_\_\_\_\_

Please list any known allergies \_\_\_\_\_

Please list all medications (including over the counter non-prescription) taken routinely \_\_\_\_\_

\_\_\_\_\_

Explain any restrictions to activity (eg: what cannot be done, what adaptations or limitations are necessary)

\_\_\_\_\_

\_\_\_\_\_

In the case of emergency, whereby I can not be immediately contacted. I hereby give permission for treatment to be secured for my child and/or to order and secure necessary related transportation, injections, anesthetics

or surgery for the child and that I agree to be fully and solely responsible for any additional medical expenses incurred by the child.

Child's Health Card # \_\_\_\_\_

I hereby acknowledge that I am the legal guardian of \_\_\_\_\_ (the child) and that I voluntarily allow said child to participate in the activities of Saunders Country Critters with staff or owners scheduled for the date (s) of \_\_\_\_\_

I am aware that there are inherent risks and hazards involved in any activities with and around animals, and I am voluntarily allowing the child to participate in these activities with full knowledge of potential dangers. I am aware that any animal regardless of training, handling, or environmental circumstances is capable of biting and/or scratching and I expressly acknowledge the risks therein. I am also aware that animals can cause mild to severe allergic reactions in some children and adults and hereby release Saunders Country Critters & Garden Center, and any of their staff from responsibility regarding such.

In order to allow the child to participate in Saunders Country Critters & Garden Center activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences. I expressly release the right to sue Saunders Country Critters & Garden Center, Gary or Carla Saunders or any of their staff for any cause notwithstanding.

By signing below, I/we agree as follows

1. **TO HEREBY RELEASE AND FOREVER DISCHARGE** Saunders Country Critters & Garden Center, Gary or Carla Saunders and any of their staff from any and all liability arising out of or connected in any way with this child's participation in the Program, howsoever caused, notwithstanding that the same may have been contributed to or occasioned by the negligent or careless acts of Saunders Country Critters & Garden Center, Gary or Carla Saunders or any of their staff.

**IN WITNESS WHEREOF, I/WE** have executed this agreement in \_\_\_\_\_, Ontario

on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Witness \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**At no time will any child be accepted without our having received all completed registration paper work and payment in full, one week in advance of activity.**