



2017

SCIENCE AND
ENGINEERING
SUMMER CAMP

REGISTRATION
PACKAGE

2017 CIADI SUMMER SCIENCE AND ENGINEERING CAMP REGISTRATION
1515 Ste. Catherine West, Montreal, Quebec, H3G 1M8

Date:				
BASIC INFORMATION				
Child's last name:		First:	Middle:	
Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:		Home phone no.: ()	Cell number ()	
City:		Province:	Postal Code:	
Primary Contact:		Home phone no.: ()	Cell number: ()	
Relationship to child:	<input type="checkbox"/> Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Legal Guardian	
School:	Email: (to send out camp information)			
Child's shirt size: <input type="checkbox"/> Youth XS (4) <input type="checkbox"/> Youth S (5-6) <input type="checkbox"/> Youth M (7-8) <input type="checkbox"/> Youth L (9-11) <input type="checkbox"/> Adult S				
PLEASE SELECT DESIRED CAMP WEEK(S) AND EXTENDED CARE OPTIONS				
Dates:	8:00-9:00 am (\$35/week or \$8/day)	9:00-4:00	4:00-5:00 (\$35/week or \$8/day)	Total per week
July 3-7				
July 10-14				
July 17-21				
July 24-28				
July 31-August 4				
August 7-11				
August 14-18				
August 21-25				
Cost per week: \$250 per week/\$200 per week for Students and Staff/ 15% off for each additional child				
PAYMENT				
Camp fees \$	+ Extended Care \$	= \$	TOTAL	
This year, only payment by cheque can be accepted. Please make the cheque payable to Concordia University, with a note in the memo indicating CIADI Science and Engineering Camp . Cheques can be dropped off at EV.12.108 or mailed to: Concordia Institute for Aerospace Design and Innovation 1515 St. Catherine St. W. Room EV-12.108 Montreal, Quebec, Canada H3G 2W1				
For tax purposes, social insurance number and name of the parent claiming the deduction are required.				
First Name:		Last name:	SIN:	
IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):	Relationship to child:	Home phone no.: ()	Work phone no.: ()	
The above information is true to the best of my knowledge.				
Patient/Guardian signature:			Date:	

MEDICAL FORM

BASIC INFORMATION		
Child's last name:	First:	Middle:
Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
INFORMATION IN CASE OF EMERGENCY		
Medicare Card #	Expiry date:	
Emergency contacts:		
Name:	Home phone no.: ()	Relationship:
Name:	Home phone no.: ()	Relationship:
Name:	Home phone no.: ()	Relationship:
Other Emergency Contacts:		
Name:	Home phone no.: ()	Relationship:
Name:	Home phone no.: ()	Relationship:
Name:	Home phone no.: ()	Relationship:
MEDICAL INFORMATION		
Does your child suffer from any medical conditions (epilepsy, asthma, diabetes etc.)? If so, please name the conditions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify and indicate treatment/support needed at camp:		
Does medication need to be administered at camp? If yes, which one(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Does your child carry an EpiPen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Information: Please provide us with any information regarding any needs or concerns of which we should be aware. This will allow us to work together to provide the best possible camp experience for all participants.		
IN CASE OF AN EMERGENCY I AUTHORIZE THE PERSONNEL TO TAKE ALL MEASURES TO ASSURE THE HEALTH AND SAFETY OF MY CHILD.		
Name: _____ Signature: _____ Date: _____		

AUTHORIZATIONS TO PICK UP CHILD

Person(s) authorized to pick up child other than parents or guardian:

1. _____
2. _____
3. _____

WAIVER: Concordia University is not responsible for any claims of loss, damage or injury to persons or property however caused to any party arising directly from child's participation. The camp reserves the right to use any picture taken during the program for promotional purposes.

PARENTAL RELEASE AND WAIVER OF LIABILITY

This form must be completed by all parents or legal guardians of minor children less than 18 years of age

I, _____ in signing this document, confirm the following:
(name of parent or legal guardian)

- I am the parent or legal guardian of the minor child identified below (the "Participant");
- It is my decision to allow the Participant to participate in the CIADI Summer Science and Engineering Camp held at Concordia University from _____ to _____ (the "Activity")
(date) (date)
- As a parent or legal guardian, I am freely assuming all risks (including physical and legal risks), dangers and hazards on behalf of the Participant associated with participation in the Activity.
- The occurrence of the camp is subject to there being sufficient registration to render the running of the camp feasible, at Concordia University's sole discretion. Concordia University shall be entitled to cancel the camp should it be of the opinion that continuing the camp's activities is unreasonable, for financial reasons or otherwise. Should the camp be cancelled, any amounts paid for services not rendered shall be reimbursed. Concordia University shall not be liable for closing the camp for any reason.
- No refunds will be provided for any reason unless the camp is cancelled by Concordia University, as more fully set forth above.

I acknowledge and agree that in exchange for and as a condition to the Participant's participation in the Activity, I accept all liability for any loss of or damage to property caused by or contributed to by the Participant.

I further acknowledge that:

- I am aware that the Participant's participation in the activity may be hazardous and could result in damage or injury;
- The Participant is in satisfactory physical and mental condition to safely participate in the Activity;
- The Participant has appropriate health and medical insurance in the event of injury;
- I am giving up the legal right to sue for any damages that may arise as a result of the Participant's participation in the Activity except in the case of gross negligence by Concordia University;
- The Participant does not suffer from any mental or physical condition that could have the effect of putting the Participant, or any other participant or Concordia University at risk by virtue of the Participant's participation in the Activity.
- I have read and understand the terms of this Release and Waiver of Liability.

Accordingly, I hereby release Concordia University its agents, directors, governors, officers and employees from any and all liability for any direct, special, incidental, consequential, punitive or exemplary damages, regardless of the nature of the claim arising from, or related to the Participant's participation in the Activity.

Participant's name: _____

Signature of parent or legal guardian: _____

Date: _____

AUTHORIZATION TO TAKE AND USE PHOTOGRAPHS AND VIDEO

Yes, I authorize the CIADI Summer Science and Engineering Camp and Concordia University to take photographs and video of my child and use, publish and broadcast any such photographs and video, in print and online, for informational and promotional purposes (e.g., websites, reports of the camp to the community at large).

No, I do not authorize the CIADI Summer Science and Engineering Camp and Concordia University to take photographs or video of my child.

Name(s) of child(ren): _____

Signature: _____

Please Print Name: _____ Date: _____

AUTHORIZATION TO TAKE CHILD(REN) ON OUTINGS

- Yes I agree to allow my child to participate in the outings organized by the CIADI Summer Science and Engineering Camp.
- No I do not agree to allow my child to participate in the outings organized by the CIADI Summer Science and Engineering Camp.

Name(s) of child(ren): _____

Signature: _____

Please Print Name: _____ Date: _____

Please note: Should you choose not to authorize your child to participate in outings, you may be required, at the CIADI Summer Science and Engineering Camp's sole discretion, to obtain and pay for off-premises childcare for your child during any outings.