

EST. 1930



RKY CAMP

ON EAGLE LAKE

May Long Weekend Family Camp
May 15-17, 2020

Hello RKY Camp Families and Friends!

Registration begins Tuesday January 14, 2020!

1) Registration and payment options:

- a. Email or Fax the attached completed forms to fun@rkycamp.org or 613-546-6552 (fax) with Credit Card payment.
- b. Register in person at the Kingston Office (Crystal is available weekdays from 8:30am to 12:00pm).

Payment Options:

- i. Cheque made payable to RKY Camp
- ii. Credit Card – in person or over the phone (613-546-2647 ext. 235)
- iii. Debit Card – in person
- iv. Cash

- 2) 2020 Family Camp Fees (+13% HST):
- | | |
|------------------|-------------------------------------|
| Adult (18+) | \$174.00 (\$196.62 with tax) |
| Youth (9 – 17) | \$125.00 (\$141.25 with tax) |
| Children (3 – 8) | \$92.00 (\$103.96 with tax) |
| Under 3 | Free |

- 3) The Adult Authorization, Assumption, Release and Indemnity Form **MUST** be completed by **EACH** participant aged 18 and over. The Minor(s) Form can be used for multiple children of the same custodial parent or legal guardian.
- 4) At the end of the registration form is a spot for feedback and special considerations. Please provide us with any comments/wishes that you would like to see for this year's family camp. We will do our best in incorporate all feedback.
- 5) Parking is located in our parking lot. Please follow the signage on site. We ask that vehicles are kept in the parking lot while family camp is in session.
- 6) Due to the screening requirements involved with pets on site at RKY, we are no longer allowing visitors to bring animals to site for RKY programs. Service dogs are an exception due to their extensive training.
- 7) As our family camp fills very quickly please register early to avoid disappointment. If RKY receives a request to share a cabin with another family, we require email consent from both families prior to registration.

Sincerely,

The RKY Camp Management Team



May Long Weekend Family Camp – May 15-17, 2020

FAMILY ADDRESS/CONTACT INFORMATION

Address:		Apt #	Home/Cell Phone:
City:	Province:	Postal Code:	Email:

EMERGENCY CONTACT INFORMATION

Last:	First:	Email:
Home Phone:	Work Phone:	Cell Phone:

HEALTH HISTORY AND PERSONAL INFORMATION

Participant #1

Full Name:	Birth Date:	Gender:
Health Conditions or Concerns:	On medication(s) while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify)	Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (Please Specify)

Participant #2

Full Name:	Birth Date:	Gender:
Health Conditions or Concerns:	On medication(s) while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify)	Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (Please Specify)

Participant #3

Full Name:	Birth Date:	Gender:
Health Conditions or Concerns:	On medication(s) while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify)	Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (Please Specify)



HEALTH HISTORY AND PERSONAL INFORMATION CONTINUED

Participant #4		
Full Name:	Birth Date:	Gender:
Health Conditions or Concerns:	On medication(s) while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify)	Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (Please Specify)

Participant #5		
Full Name:	Birth Date:	Gender:
Health Conditions or Concerns:	On medication(s) while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify)	Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (Please Specify)

Participant #6		
Full Name:	Birth Date:	Gender:
Health Conditions or Concerns:	On medication(s) while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify)	Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (Please Specify)

ADDITIONAL REQUESTS

Our Family would like to (please specify person or family name(s):

☐ Share a Cabin with _____

☐ Be in a Cabin near _____

Please indicate any special considerations, requests, or programs that you would like to see:

RKY CAMP 2020 – Minor(s)

AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY- Page 1

Registration and Cancellation Policy

I, the undersigned custodial parent/guardian of the participant(s) under the age of 18, understand and agree to the following RKY Camp policies:

- Participation in all RKY Camp programs is allocated on a first-come first-serve basis.
- All RKY Camp fees are subject to 13% HST.
- Incomplete applications will not be processed.
- Full fee is due upon registration
- Returned cheques or payments that are unable to be processed will be assessed a fee of \$25.00 for return.
- All fees, unless otherwise arranged with the RKY Camp registrar or director **are due upon registration.**
- Cancellations on or after May 1st, 2020 will be allowable for medical reasons only. To qualify for a full refund (less any administrative fees) a Medical Certificate (i.e. doctor's note) must accompany written notice of cancellation. **No refund of any amount will be granted for non-medical cancellations received on or after May 1st, 2020.**
- Refunds will not be issued where a participant is removed from the RKY Camp program for any of the following reasons: at the choice or request of the participant or the participant's custodial parent/guardian, due to behavioral issues, or due to medical reasons.
- RKY Camp reserves the right to cancel registration if the participant's medical information is not completed and if signed authorization is not returned to the RKY Camp Office prior to the commencement of the camp session.
- RKY Camp reserves the right to cancel programs two weeks prior to their start date due to poor registration numbers. In the event of a cancellation due to poor registration numbers, full refunds will be provided for each participant.
- All cancellations and withdrawals from the RKY Camp must be made in writing to the RKY Camp Office.

Loss/Theft and Vandalism

RKY Camp is not responsible for lost, stolen or misplaced belongings of any kind. All valuables and belongings are brought to RKY Camp at the risk of the participant. RKY Camp reserves the right to charge any user of our site should equipment be intentionally broken, vandalized, or destroyed.

Media Release and Promotional Materials

I understand that RKY Camp reserves the right to publish, reproduce, distribute and use for promotional purposes any videos, photographs and audio recordings of all participants enrolled in their programs. These materials shall be used without any compensation and are the property of RKY Camp. Photos, video and audio clips may appear on but are not limited to RKY Camp print materials, website, social media and other media outlets.

Removal from Camp Program

I, the undersigned custodial parent/guardian of the minor participant(s), understand and agree that intentional behavior by a participant that puts the participant or others at physical or emotional risk may result in immediate dismissal from the RKY Camp program. In addition, possession of alcohol, tobacco products and/or illegal or harmful substances will result in immediate dismissal from the RKY Camp program. Any expenses incurred due to dismissal from the RKY Camp program will be my sole responsibility. I, or a person I have designated in writing, must be available to pick up my child(ren) should he/she be dismissed from the RKY Camp program or should any emergency arise which requires emergency transportation of my child(ren). I acknowledge that no refund will be provided to participants leaving camp prior to the end of the session due to disciplinary action.

Assumption and Acknowledgement of Risk

I understand that there is some risk involved in the activities offered by the RKY Camp, both on and off the camp property. I have been given the opportunity to inquire about the safety and behavior standards enforced at RKY Camp. I understand that despite all reasonable precautions being in place to provide proper organization, supervision, and equipment for all activities, circumstances may arise which are not foreseeable or which are beyond the control of the RKY Camp. I understand and acknowledge that RKY Camp is not responsible for any damages caused by the delay or failure to perform or complete any activities or to provide any transportation or accommodation related to the program when the delay or failure is due to fires, strikes, floods, acts of God, lawful acts of public authorities, or delays or defaults caused by common carriers, which cannot reasonably be foreseen or provided against.

I acknowledge and assume any and all risks associated with my child(ren)'s participation in the program. I wish for my child(ren) to participate in the program.

I further acknowledge that I have discussed with my child(ren) their obligations to follow RKY Camp rules, regulations, policies and procedures so as not to endanger fellow participants and staff and to ensure the camp experience is enjoyable for all participants. I believe that my child(ren) understands their obligations in this respect and the consequences of any misconduct.

RKY CAMP 2020 – Minor(s)

AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY- Page 2

Consent and Medical Authorization

I am the custodial parent and/or legal guardian of my child(ren). By registering my child(ren) for the RKY Camp I am providing my consent for him/her to participate in all RKY Camp activities. To the best of my knowledge, my child(ren) is/are in good health.

I have disclosed all of the necessary information about my child(ren)'s needs and abilities on the registration form. I am aware that my child(ren) may be removed from the RKY Camp program if I fail to share the requested information with RKY Camp. I grant permission for RKY Camp to share information about my child(ren) and family with program partners and other community agencies as necessary. Participation in the RKY Camp requires that every participant has health insurance coverage. I acknowledge that I have obtained adequate health insurance coverage for my child(ren). I will inform RKY Camp of any changes in my child(ren)'s health. I certify that my child(ren) is/are emotionally and physically capable of participating in the activities for which he/she is registered. I will notify RKY Camp if my child(ren) is/are exposed to an infectious disease during the three weeks prior to arriving at camp.

In case of emergency I grant RKY Camp staff authority to act on my behalf.

Canadian Anti-Spam Laws

Much information pertaining to your program is transmitted through email.

I consent to receive information via email from RKY Camp. You may unsubscribe at any time by responding to any emails with an unsubscribe request. Your email is strictly for RKY Camp purposes and will not be shared in any way.

Release, Indemnity, and Waiver

In exchange for RKY Camp permitting my child(ren) to participate in the program, I hereby release and indemnify RKY Camp, including its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from any and all claims arising from, connected with, or in preparation for, participation in RKY Camp programs or activities, including for personal injury and property damage sustained in consequence of loss, injury or damage to me or my child, howsoever caused, including any and all claims in tort, negligence or breach of contract.

Furthermore, I waive any and all rights to participating in a class action lawsuit against RKY Camp.

Any claims and/or lawsuits against RKY Camp, including its directors, staff, volunteers, agents or assigns, shall take place under the exclusive jurisdiction of the laws and regulations of Ontario, and the applicable law to be applied to any dispute shall be the laws of Ontario.

In order to ensure the safety and well-being of all participants, I acknowledge that RKY Camp reserves the right to alter the program at any time without compensation to participants, parents or guardians. I agree to assume any expense(s) arising from program dismissal.

I confirm that all legal guardians have read and are in agreement with the above AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY and that all legal guardians have read and agree to abide by RKY Camp's terms and conditions. As the custodial parent and/or legal guardian, I have the authority to sign on behalf of my child.

In signing this AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY, I consent to my child(ren),

PRINT CHILD(REN)'S NAME(S): _____
_____ participating in the RKY Camp.

Signature of Custodial Parent/Guardian

Printed Name of Custodial Parent/Guardian

Date

RKY CAMP 2020 – Adult

AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY- Page 1

Registration and Cancellation Policy

I, the undersigned custodial parent/guardian of the participant, understand and agree to the following RKY Camp policies:

- Participation in all RKY Camp programs is allocated on a first-come first-serve basis.
- All RKY Camp fees are subject to 13% HST.
- Incomplete applications will not be processed.
- A 10% non-refundable deposit is required to hold the registration for the participant.
- Returned cheques or payments that are unable to be processed will be assessed a fee of \$25.00 for return.
- All fees, unless otherwise arranged with the RKY Camp registrar or director **are due upon registration.**
- Cancellations on or after May 1st, 2020 will be allowable for medical reasons only. To qualify for a full refund (less any administrative fees) a Medical Certificate (i.e. doctor's note) must accompany written notice of cancellation. **No refund of any amount will be granted for non-medical cancellations received on or after May 1st, 2020.**
- Refunds will not be issued where a participant is removed from the RKY Camp program for any of the following reasons: at the choice or request of the participant or the participant's custodial parent/guardian, due to behavioral issues, or due to medical reasons.
- RKY Camp reserves the right to cancel registration if the participant's medical information is not completed and if signed authorization is not returned to the RKY Camp Office prior to the commencement of the camp session.
- RKY Camp reserves the right to cancel programs two weeks prior to their start date due to poor registration numbers. In the event of a cancellation due to poor registration numbers, full refunds will be provided for each participant.
- All cancellations and withdrawals from the RKY Camp must be made in writing to the RKY Camp Office.

Loss/Theft and Vandalism

RKY Camp is not responsible for lost, stolen or misplaced belongings of any kind. All valuables and belongings are brought to RKY Camp at the risk of the participant. RKY Camp reserves the right to charge any user of our site should equipment be intentionally broken, vandalized, or destroyed.

Removal from Camp Program

I, the undersigned participant, understand and agree that intentional behavior by a participant that puts the participant or others at physical or emotional risk may result in immediate dismissal from the RKY Camp program. In addition, possession of illegal or harmful substances will result in immediate dismissal from the RKY Camp program. Any expenses incurred due to dismissal from the RKY Camp program will be my sole responsibility. I, or a person I have designated in writing, must be available myself should I be dismissed from the RKY Camp program or should any emergency arise which requires emergency transportation of myself. I acknowledge that no refund will be provided to participants leaving camp prior to the end of the program due to disciplinary action.

Media Release and Promotional Materials

I understand that RKY Camp reserves the right to publish, reproduce, distribute and use for promotional purposes any videos, photographs and audio recordings of all participants enrolled in their programs. These materials shall be used without any compensation and are the property of RKY Camp. Photos, video and audio clips may appear on but are not limited to RKY Camp print materials, website, social media and other media outlets.

Assumption and Acknowledgement of Risk

I understand that there is some risk involved in the activities offered by the RKY Camp, both on and off the camp property. I have been given the opportunity to inquire about the safety and behavior standards enforced at RKY Camp. I understand that despite all reasonable precautions being in place to provide proper organization, supervision, and equipment for all activities, circumstances may arise which are not foreseeable or which are beyond the control of the RKY Camp. I understand and acknowledge that RKY Camp is not responsible for any damages caused by the delay or failure to perform or complete any activities or to provide any transportation or accommodation related to the program when the delay or failure is due to fires, strikes, floods, acts of God, lawful acts of public authorities, or delays or defaults caused by common carriers, which cannot reasonably be foreseen or provided against.

I acknowledge and assume any and all risks associated with my participation in the program. I wish to participate in the program.



RKY CAMP 2020 – Adult

AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY- Page 2

Consent and Medical Authorization

I have disclosed all the necessary information about my needs and abilities on the registration form. I am aware that I may be removed from the program if I fail to share the requested information with RKY Camp. Participation in camp requires that every participant have health insurance coverage. In addition, certain health/medical information must be made known to RKY Camp staff so that camp staff are prepared to respond appropriately should the need arise. I will inform RKY Camp of any changes in my health. In case of emergency I grant RKY Camp officials authority to act on my behalf. To the best of my knowledge, I am in good health.

I will notify the Camp if I am exposed to an infectious disease during the three weeks prior to arriving at camp. In case of surgical or medical emergency where I am unable to make decisions for myself, and my assigned emergency contact is not immediately available for consultation, I hereby give permission to the physician, selected by the Camp Director, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for myself.

Canadian Anti-Spam Law

Much information pertaining to your program is transmitted through email.

I consent to receive information via email from RKY Camp. You may unsubscribe at any time by responding to any emails with an unsubscribe request. Your email is strictly for RKY Camp purposes and will not be shared in any way.

Release, Indemnity, and Waiver

In exchange for RKY Camp permitting me to participate in the program, I hereby release and indemnify RKY Camp, including its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from any and all claims arising from, connected with, or in preparation for, participation in RKY Camp programs or activities, including for personal injury and property damage sustained in consequence of loss, injury or damage to me, howsoever caused, including any and all claims in tort, negligence or breach of contract.

Furthermore, I waive any and all rights to participating in a class action lawsuit against RKY Camp.

Any claims and/or lawsuits against RKY Camp, including its directors, staff, volunteers, agents or assigns, shall take place under the exclusive jurisdiction of the laws and regulations of Ontario, and the applicable law to be applied to any dispute shall be the laws of Ontario.

In order to ensure the safety and well-being of all participants, I acknowledge that RKY Camp reserves the right to alter the program at any time without compensation to participants. I agree to assume any expense(s) arising from program dismissal.

I confirm that I have read and are in agreement with the above AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY and I have read and agree to abide by RKY Camp's terms and conditions.

In signing this AUTHORIZATION, ASSUMPTION, RELEASE AND INDEMNITY, I consent to myself, _____, participating in the RKY Camp.
(PRINT NAME)

Signature of Participant

Printed Name of Participant

Date