

# JAIN SOCIETY OF TORONTO

48 Rosemeade Ave., Etobicoke, Ont. M8Y 3A5  
Phone: (416) 251-8112

## Winter Ski Camp registration form

(This form along with Form A – General Consent and Waiver must be completed, signed and submitted by each applicant to Organizers prior to the date of camp. Failure to do so may result in denial to participate in camp)

### Camper's Personal Information

1. Name \_\_\_\_\_  
(First name) (Last name)

2. Birth date (Day/Month/Year) \_\_\_\_\_ Sex: \_\_\_\_\_

3. Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

4. Home Phone \_\_\_\_\_

5. Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Email - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Email - \_\_\_\_\_

6. Emergency Contact name \_\_\_\_\_ Cell # \_\_\_\_\_

7. Camper's Email \_\_\_\_\_

### Camper's Medical Information (to be filled by Parent/Guardian)

1. OHIP Number \_\_\_\_\_ Initials (if any) \_\_\_\_\_

2. Family Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

3. Does your child have any medical condition or allergies? Please specify.

\_\_\_\_\_

Is your child on any medication? If yes, please specify \_\_\_\_\_

4. Do you know of any problems your child may have that will restrict child's camp activities?  
Please give details

\_\_\_\_\_

## Parent's Declaration

I have provided JSOT with all the information concerning my child's health as might be required to provide such care and medical treatment as may be necessary.

In the event of an emergency where treatment is necessary in the best interest of my child, I hereby give permission to a JSOT representative to authorize physician(s) and hospital personnel(s) to provide whatever medical or surgical treatment may be necessary at that time.

I will not hold any individual working on behalf of JSOT responsible for any damage, or injury suffered by my child during the period of the winter Ski camp.

I understand and agree that JSOT or representatives or volunteers assigned by them will not be responsible for loss or damage to any personal items.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

### **FOR OFFICE USE ONLY**

**Payment Method: Cash / Cheque / Online ref #** \_\_\_\_\_ **dated** \_\_\_\_\_  
(Cheques should be made payable to "Jain Society of Toronto")

**Amount: \$** \_\_\_\_\_ **Photo**  **OHIP**  **COB**

**Please circle one of the following:**

**Camper**      **Counselor**

(If you are applying to be a counselor, it does not guarantee a spot as a counselor. Camp coordinators will speak individually to each applicant to assess their experience and capabilities. Selections will be made based on coordinators assessment and their decision will be final)

# JAIN SOCIETY OF TORONTO

## Winter Ski Camp - Code of Behavior

The cafeteria hours are as follow. The exact schedule will be communicated to the campers on their arrival to the camp.

- Breakfast 8am to 9:00am, Lunch 12:30pm to 1:30pm, Dinner 6:00pm to 7.00 pm

1. All campers not present at these allocated times will have to make their own arrangements for meals as the premises are needed for use by other groups.
2. All campers must abide by the rules set by the camp counselors.
3. A curfew will be imposed at midnight. This means that all campers must return to their own cabins by this time.
4. No person can go to a cabin, which is not allocated to him or her, without members of that cabin being there.
5. Each person allocated to a cabin will be responsible for the safety of all existing fixtures and fittings. A cabin member or members will immediately receive disciplinary actions for any act of vandalism, damage and alteration to any of the cabin fixtures.
6. All cabins are fitted with smoke detectors. The removal of batteries, tempering with them or damage to the device would result in the camper being sent back to Toronto at his or her own expense or even handed over to the local authority.
7. Possession of cigarettes and alcohol is strictly prohibited in the entire camp-site and could result in their removal by the Organizers or the local police.
8. Failure to abide by any of the above rules will result in immediate disciplinary actions. Person or persons responsible will be sent back to Toronto at their own expense and all money paid forfeited.

### PLEASE READ AND EXPLAIN TO THE YOUNG CAMPER

We hereby agree to the code of behavior set out above.

Camper's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form A – General Consent and Waiver form for  
Jain Society of Toronto (“JSOT”) Ski Camp**  
(to be completed, signed and submitted prior to camp)

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

Parent(s)/Guardian(s) Names: \_\_\_\_\_

If I am unable to pick up my child at the end of camp, my child has permission to leave with the following individual(s):

(photo ID is required to be produced prior to camper being released to individuals listed below)

1. Name: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

I have made an informed decision for my child to participate in JSOT’s Ski Camp (“Camp”) to be held at Mansfield Outdoor Center, 937365 Airport Road, Mansfield, ON L0N 1M0 with understanding that JSOT will take all reasonable precautions to ensure the safety and security of my child. I am also aware that participation in an overnight camp carries risks.

I acknowledge that this Waiver and Release of Liability will be used by JSOT, its affiliates and the organizers, collaborating organizations, coordinators and volunteers of the Camp (the Indemnitees) and that it will be binding on me (the Indemnifier) as follows:

The Indemnifier hereby waive, release and forever discharge the Indemnitees from any and all liability for any death, disability, personal injury, property damage, property theft or loss, expense or actions of any kind which may hereafter accrue to my child during the Camp, for any cause whatsoever, and waive any and all claims, causes or actions or demands against the Indemnitees.

The Indemnifier agree to indemnify and hold harmless the Indemnitees from any and all liabilities or claims made by other individuals or entities as a result of my child’s actions during the Camp.

I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Camp.

I consent to JSOT using my and my child’s information for the purposes of maintaining communications with me or my child. To revoke this authorization, I must notify JSOT in writing. Electronic information provided during registration will be stored on servers and/or the personal computers of coordinators; written medical information will be summarized and/or shared only with appropriate staff, volunteers, and or licensed practitioners in order to ensure the

safety of my child. Above information will not be shared with, or sold to, any third party except as required for safety or by law.

I hereby agree and give my permission to JSOT, camp organizers and/or coordinators to record, film, photograph, audiotape or videotape my child's name, image, art work and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works to be used in future camp promotional materials, JSOT website and other social media, or brochures.

I understand that dangerous or disruptive behavior by my child may result in Organizers recommending that my child be removed from Camp early, at my own expense. Such circumstances will be discussed with the parent / guardian in order to ensure safe transfer of care of my child.

I understand if I cancel my child's registration with at least 45 days remaining prior to the start of camp, a \$25 cancellation fee will be applied & the balance will be reimbursed. I understand if I cancel my child's registration with less than 15 days left prior to the start of camp, the camp fee is non-refundable.

I understand that if camp is cancelled for any reason by JSOT or by Mansfield Outdoor Center, then I am entitled to a full refund, however I cannot claim any additional damages, losses, or childcare expenses from the Indemnites.

I hereby certify that I have read this Waiver and Release of Liability, understand its contents and am aware of what I am agreeing to.

Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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