



**Carrefour  
NUNAVUT**



## Registration Form

**Summer camp Franco-Fun 2018  
Carrefour Nunavut**

### INFORMATION ON THE CHILD

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: DD/MM/YY Age on June 27th, 2018: \_\_\_\_\_ Gender: F / M

Address: \_\_\_\_\_

### INFORMATION ON THE PARENTS/GUARDIANS

Mother's last name/first name: \_\_\_\_\_

Father's last name/first name: \_\_\_\_\_

Child custody: father and mother:  mother:  father:  guardian:

Who will be dropping off and picking up the child at the camp?

Father and mother:  mother:  father:

Do you give this authorization to anyone else (babysitter, nanny, close relative...)?

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Connection to child: \_\_\_\_\_

Telephone numbers and e-mail addresses where you can be reached:

Mother Father

Home: \_\_\_\_\_ Home: \_\_\_\_\_

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

Work: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

# INSCRIPTION



## SÉLECTIONNER VOS CHOIX DANS LES SECTIONS :

### CHOIX DES SEMAINES

- Week 1** (July 2-6)
- Week 2** (July 9-13)
- Week 3** (July 16-20)
- Week 4** (July 23-27)
- Week 5** (July 30- August 3)
- Week 6** (August 6-10)
- Week 7** (August 13-17)

### GARD SERVICE

- Morning** 8h00 à 9h00
- Evening** 16h00 à 17h30

### ACTIVITY

*(You can select your activity preferences):*

- |   |  |
|---|--|
| <input type="checkbox"/> Arts and Crafts  | <input type="checkbox"/> Theater                             |
| <input type="checkbox"/> Dance and Gymnastics                                   | <input type="checkbox"/> Small Leadership Business Club      |
| <input type="checkbox"/> Science  | <input type="checkbox"/> Magic                               |
| <input type="checkbox"/> Sports   | <input type="checkbox"/> Language training (French language) |
| <input type="checkbox"/> Visual arts and video / film shooting (9-12 years old) |  |

**REGISTRATION FEES:**

The cost of registration is \$100 a week.

Your child will be officially registered upon reception of this duly-completed form, along with the total amount for the registration fees. You will be immediately issued a receipt as well as documentation regarding camp regulations and its programming.

*Applicable discount of:*

*- \$ 10 / week if you buy 3 weeks*

**Free Franco-Fun Camp Tshirt \***

(Please specify size):

Small       Medium       Large

**Inscription :**

Number of week	:	_____
	X	--100,00--\$
Discount :		_____ \$
<b>AMOUNT TO PAID :</b>		<b>_____ \$</b>

**PAYMENT MODE :**

<b>Check</b>	<input type="checkbox"/>	<b>Money</b>	<input type="checkbox"/>
<b>PAID</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>
	<input type="checkbox"/>	NO	<b>Enter date :</b> _____
<b>RECEIPT</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>
	<input type="checkbox"/>	NO	

*\* One free tshirt per child. Additional sweaters can be purchased at a cost of \$ 20 each.*

## **GENERAL CONDITIONS**

### **REIMBURSEMENTS:**

Registration fees are not reimbursable in the event of client cancellation, but they will be reimbursed if there is a cancellation by the CARREFOUR NUNAVUT. Program fees will not be reimbursed if the child does not show up at the camp or if he/she leaves for reasons other than long-term health problems (a week or more). In the case of a departure before the end of the program for health reasons, the CARREFOUR NUNAVUT will reimburse 50% of the fees per day of absence.

### **AUTHORIZATIONS:**

1. Given that the CARREFOUR NUNAVUT Francophone Day Camp will be taking photos and/or video during the course of my child's activities during the summer, I authorize Carrefour Nunavut to use this material in whole or in part for promotional purposes. All materials used will remain the property of the CARREFOUR NUNAVUT Francophone Summer Camp.
2. If changes in my child's health occur before the beginning or during the Day camp period, I agree to inform the summer camp coordinator who will make the necessary follow-ups with my child's camp counsellor.
3. By signing this form, I authorize CARREFOUR NUNAVUT Francophone Day Camp employees to administer first aid to my child. If the assistant coordinator or coordinator feels it is necessary, I also authorize them to have my child transported by ambulance or other means to a hospital or community health establishment. By signing this, I authorize the employees of Carrefour Nunavut Francophone Day Camp to provide first aid to my child. If the Coordinator / Coordinator deems it necessary, I also authorize my child to be transported by ambulance or other means to a hospital or community health facility.
4. By signing this, I authorize the camp management to provide all necessary medical care. If the management deems it necessary, I also authorize my child to be transported by ambulance or otherwise in a hospital or community health facility. Furthermore, if it is impossible to reach us, I authorize the doctor chosen by the camp authorities to provide my child staying at the camp with all the medical care required by his state of health, including the practice of Surgery, injections, anesthesia and hospitalization.
5. I agree to cooperate with staff members and come meet with them if my child's conduct is having a negative impact on the activities.

I accept these general conditions and I authorize my child to participate in all CARREFOUR NUNAVUT Francophone Summer Camp activities taking place at High school as well as outside in the case of special outings (arena, movie theatre, soccer and baseball fields, city play parks, Rotary Park, Sylvia Grinnell Park, etc.). That said, I authorize my child to travel on foot, by taxi, bus or a volunteer parent's vehicle to get to the site of the special activities subject to notification. A schedule for the week will be provided to you on the Friday prior to each camp week.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**LIABILITY WAIVER BY THE PARENT/GUARDIAN  
SUMMER CAMP FRANCO-FUN**

In consideration of the authorization you have given your child to participate in the Francophone

Summer Camp by the CARREFOUR NUNAVUT, the undersigned agree to the following:

1. There is still a slight risk of injury during the day camp activities. Although specific rules are in place, as well as appropriate equipment and personal discipline, the risk of injury still exists.
2. I CONSCIOUSLY AND FREELY ASSUME ALL RISKS, known and unknown.
3. I fully agree to comply with the established and usual modalities for my child's participation in the day camp.
4. If a child requires an ambulance transport, it will be the responsibility of the parent or guardian responsible for the child. Carrefour Nunavut will not assume any of these costs.
5. In my name and on behalf of my inheritors, beneficiaries, personal representatives and close relatives, I HEREBY RELEASE AND INDEMNIFY the CARREFOUR NUNAVUT, its executives, officials, representatives and/or employees and other participants for any INJURY, DISABILITY, DEATH and any losses or damages caused to my child.

**I HAVE READ THIS LIABILITY WAIVER AND RISK ACCEPTANCE AGREEMENT. I FULLY UNDERSTAND THE MODALITIES. I UNDERSTAND THAT I AM WAIVING IMPORTANT RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT BEING COERCED INTO DOING SO.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Participant's medical information sheet  
Summer Camp Franco-Fun 2018**

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**You must return this medical information sheet with your registration form.  
Please complete one sheet per child.**

**Please take note that all information regarding your child's health will remain confidential. It will only be disclosed to your child's camp counselor and supervisor to ensure better supervision and more effective intervention in an emergency.**

**1. GENERAL INFORMATION ON THE CHILD**

Last name:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
		Age during the camp 27-06-17 :	
First name :		Date of birth:	
		Medicare number (child):	
Doctor name :		Clinic or Hospital :	
Phone number of doctor :		Expiration date:	

**2. EMERGENCIES CONTACTS**

Person to contact in case of EMERGENCY: Father and mother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	
Two other people that can be contacted in case of an <b>EMERGENCY</b> :	
First and last name:	First and last name:
First and last name:	First and last name:
Connection to child:	Connection to child:
Connection to child:	Connection to child:

### 3. MEDICAL HISTORY

Has your child ever undergone surgery?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Date : _____ Reason : _____			
<b>Blessures graves</b>		<b>Serious Injuries Chronic or Recurring Illnesses</b>	
Date :		Date :	
Describe:		Describe:	
Has your child ever contracted the following diseases?		Does your child suffer from the following?	
Chickenpox	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scarlet fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Measles	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraines	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, specify:		Other, specify:	

### 4. VACCINATIONS AND ALLERGIES

Has your child received the following <b>vaccinations</b> ?		Date	Does your child have <b>allergies</b> ?	
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>		Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Measles	Yes <input type="checkbox"/> No <input type="checkbox"/>		Poison ivy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>		Insect bites	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>		Animals*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Polio	Yes <input type="checkbox"/> No <input type="checkbox"/>		Medications*	Yes <input type="checkbox"/> No <input type="checkbox"/>
DcaT	Yes <input type="checkbox"/> No <input type="checkbox"/>		Food allergies*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, specify:			* Specify:	

Does your child carry an adrenaline dose (Epipen, Ana-Kit) for his/her allergies?

Yes  No

#### PLEASE SIGN IF YOUR CHILD HAS AN ADRENALINE DOSE

I hereby authorize the persons designated by the 2018 CARREFOUR NUNAVUT Francophone Summer Camp to administer a dose of adrenaline, , to my child in the event of an emergency.

\_\_\_\_\_  
Signature of a parent

**5. MEDICATION**

Does your child take medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate the medications:	Dosage:
Does your child take the medication himself/herself? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
<p><b>TO BE SIGNED IF YOUR CHILD REQUIRES SOMEONE TO ADMINISTER HIS/HER MEDICATION</b></p> <p>If your child cannot take his/her own medication, do you authorize the designated persons to administer this medication to your child? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Signature of a parent</p>	

**6. OTHER RELEVANT INFORMATION (USE THE STATEMENTS APPLICABLE TO YOUR SITUATION)**

The following questions will help us better intervene with your child.

Does your child have behavioural problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, describe them:	
Does your child eat normally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, describe:	
Does your child wear any prostheses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, describe:	
Are there activities in which your child cannot participate or only under certain conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, explain:	
<p>Daughter: Has she begun menstruating? Yes <input type="checkbox"/> No, but she has not been informed <input type="checkbox"/></p> <p>No, but she has been informed <input type="checkbox"/></p> <p>Are there any special considerations on this subject?</p>	



## Frequently Asked Questions

1. I keep a copy of the registration form and the health questionnaire in order to be aware in several months, details of the stay (arrival and departure times, camp site, etc.)
2. Our accountant will not issue a receipt if we are contacted later or if information is missing. In addition, it is my responsibility to inform Carrefour Nunavut of any change of address for the sending of the said receipt.
3. I have to put on the checks at the bottom left: the full name of the child and the date of the stay (a check without these details can be very difficult to trace if the child has a different name from the parent).
4. I will receive a call / email from the camp confirming receipt of the documents are complete for my child's file. Registration is then made.
5. I understand that my youth will not be able to become bilingual in 1 or 7 weeks in the camp. Having a fluency in a foreign language requires several years of learning and teaching methods combining linguistic actions at school, in the community and at home.
6. I understand that cell phones or computers are strictly prohibited at camp. They will be confiscated and handed over to the youngster's departure in the evening.
7. The clothing list is available in the parent's guide and is not exhaustive. It goes from the parent to put items useful but not necessarily specified.
8. The program will be sent to you one week in advance. This can be changed depending on the child's fatigue or the weather.
9. The camp can't control the weather and some activities may be changed or canceled for safety reasons.
10. I understand that outdoor sports can be done both in the sun and in the rain on warm or cool days.
11. All forgotten and unclaimed items will be handed over to a community organization on 30 September following the end of the summer camp. After this date, the objects will no longer be in our possession.

I have read, understand and tick.

Name of Parent:

Date:

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Signature of parent: