

REGISTRATION FORM, WAIVERS, and ALLERGY POLICY

BRIGHT MATH CAMP INC.
www.ncf.ca/~au680/index.htm

Please circle choice(s): **Camp #1 (July 10-14, 2017)** or **Camp #2 (July 17-21, 2017)**

Please specify:

Participant's Name: _____

Age: _____

Sex: Male Female

Grade (entering in September): _____

School: _____

Board: _____

IPRC: No Yes

	Mother or Guardian	Father or Guardian	Emergency Contact
Name			
Home Address			
Postal Code			
E-Mail address			
Home Tel.			
Office Tel.			
Cell:			
Fax:			

Special medical condition: No Yes

If yes, what is the condition? _____

Where did you hear about the Bright Math Camp? _____

WAIVER OF RESPONSIBILITY

I am the parent of _____ (*print name*), and I have enrolled my child in the above chosen Camp. As the child's parent, I understand that I am responsible for his/her actions while he/she is at the Camp.

Furthermore, I release and discharge the Bright Math Camp Inc., its directors, officers, servants, and agents (“**BMC**”) from any and all manner of action which I or my child may have against the BMC by reason of any cause arising out of my child’s acts or omissions while at the Camp.

Furthermore, I undertake to take no action or proceeding whatsoever against BMC that does or could result in a claim against BMC for any form of contribution or indemnity under the provisions of the *Negligence Act*, and I further consent to the dismissal of any such action.

PHOTOGRAPH CONSENT

I consent to BMC taking photographs of _____ (*print name*) or their work during the Camp, for educational and promotional purposes only. The photographs may be posted on BMC’s Website or reproduced on CD or DVD, but without reference to my child’s name or personal information.

ALLERGY POLICY

Some participants may have life threatening allergies to peanut butter, nuts, foods containing nuts, and fish. Even the smell of such products can trigger an allergic reaction. For those reasons and the participants’ health and safety, I undertake to keep my child’s lunches and snacks free of these allergens.

For information on such allergies, I shall refer to the guidelines posted on BMC’s Website or I shall contact a health specialist. I understand that guidelines of the local poison control centre and school board are posted under the “Notice” link at www.ncf.ca/~au680/index.htm.

SIGNATURE

I am the parent or guardian of _____ (*print name*). I have read and agree to the above waiver, consent and policy.

Parent or guardian’s signature: _____

Signer’s Name (*please print*): _____

Signed on: _____