



Fireside Adventures

A Division of Creative Toolbox Consulting Inc.

2012 ESL Registration & Medical / Waiver Form

Section 1: Participant Information			
Participant's First Name:		Participant's Last Name:	
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth: (DD/MM/YY):	Age as of July 1, 2012:	Passport Number (if not from Canada):	Languages Spoken:
Address, City/Province:		Postal/Zip Code:	Country:
Phone #:	Alternate Phone #:	Email Address of Participant:	

Section 2: Parent/Guardian Information			
Parent/Guardian #1 First Name:		Parent/Guardian #1 Last Name:	
Address, City/Province (if different from above):		Postal/Zip Code:	Country:
Phone #:	Alternate Phone #:	Email Address of Parent/Guardian #1:	
Parent/Guardian #2 First Name:		Parent/Guardian #2 Last Name:	
Address, City/Province (if different from above):		Postal/Zip Code:	Country:
Phone #:	Alternate Phone #:	Email Address of Parent/Guardian #2:	

Section 3: Emergency Contact Information	
Name (Emergency Contact #1):	Relationship with Participant:
Phone Number:	Alternative Phone Number:
Email Address:	
Name (Emergency Contact #2):	Relationship with Participant:
Phone Number:	Alternative Phone Number:
Email Address:	



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Fireside ESL Adventures – British Columbia: July 8 – July 28, 2012 (21 days) \$4,499 CDN + 12% HST

Fireside ESL Adventures – British Columbia: July 29 – August 18, 2012 (21 days) \$4,499 CDN + 12% HST

Payment Note: A non-refundable deposit of \$300 is necessary to hold your spot. The remainder of the program cost must be paid by April 30, 2012. Please make cheques payable to Creative Toolbox Consulting Inc..

Cancellation Policy: Cancellations that occur before April 30, 2012 will result in Creative Toolbox Consulting Inc. withholding 50% of funds submitted or up to \$800. Cancellations occurring between May 1, 2012 and June 1, 2012 will result in Creative Toolbox Consulting Inc. withholding up to 75% of funds submitted. 100% of funds will be withheld by Creative Toolbox Consulting Inc. should cancellation occur on or after June 2, 2012.

Camp Insurance: Many things could happen that might cause you to cancel your spot on the program or to have to cut your trip short. If you would like to purchase camp insurance please visit <http://www.mycampprotector.com/>.

* Prices include food, accommodations, travel while on trip

* Flights not included

* All prices are in Canadian dollars

I have read & understand the above payment and cancellation information.

Signature of Parent or Guardian: _____

Date: _____



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Participant's Medical Information

Participant's Name: _____

Health Card Number: _____

Parent/Guardian Name: _____

Physician Name: _____ Physician's Phone Number: _____

Overall Physical Condition: Excellent Good Fair Poor

Date of last Tetanus Inoculation or Booster: Day _____ Month _____ Year _____

Does the participant have any allergies? Yes No

If yes, list including severity:

Does participant presently take medication? Yes No

If yes, list and indicate if they need assistance:

Other medical concerns (i.e. asthma, emphysema, hay fever, diabetes, epilepsy, nosebleeds, fainting, heart condition, high blood pressure, etc.):

History of injuries (i.e. broken limbs, tendonitis, bursitis, sprains, dislocation, etc.):

Eyesight: Excellent Good Poor Contact Lenses or Glasses

Please list any physical, emotional or psychological limitations:

Swimming ability: 1 2 3 4 5
Non Swimmer Strong



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General Information

Activities participant enjoys:

Skill levels: Please check appropriate number

	Weak	-----			Strong
Canoeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hiking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Swimming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Camping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
English – Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
English - Understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
English – Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Check any boxes that apply to you/your child attending the program:

- | | | |
|--|---|---|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Encouraged to attend program |
| <input type="checkbox"/> Eager to attend program | <input type="checkbox"/> Friends participating in program | |

Has you/your child attended any other programs? If so, where and when?:

Additional Information:

Please use this area to provide us with any additional information you feel is relevant to you/your child's safe and comfortable experience in the program:

Authorization: To the best of my knowledge me/my child does not have any communicable diseases and is physically able to participate in all program activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate people including staff and Medical Personnel.

If I have a child attending the program:

- I understand that I will be notified following assessment or treatment by a local physician.
- In case of an emergency, if I cannot be reached, permission is hereby given to the program staff to take whatever steps deemed necessary to ensure the safety and health of my participant. This also allows permission for the program to contact the participant's family physician.

The above information is correct to the best of my knowledge. I will notify Fireside and/or Creative Toolbox Consulting Inc. of any changes as soon as possible.

My signature below indicates all information on this medical and general information form is complete and accurate.

Signature of Participant/Parent or Guardian: _____ Date: _____



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Conditions of Enrolment

If I have a child participating in the program I/we agree to allow my/our child to participate in all program activities and in any supervised trips to places as arranged by either Fireside Adventures or Creative Toolbox Consulting Inc. staff.

In consideration of acceptance of this application by Fireside (a division of Creative Toolbox Consulting Inc.) I/we hereby agree as follows:

- a) that the Directors of Fireside and Creative Toolbox Consulting Inc. reserve the right to terminate the registration of any participants when it is deemed by the Directors to be in the best interest of the participants and/or program. In such an event it is understood that no refund will be made
- b) NSF cheques are subject to a \$55 service charge and certified funds will be required
- c) if I have a child participating in the program, I give program officials authority to act on my behalf in case of emergency
- d) to release and indemnify Fireside and Creative Toolbox Consulting Inc. from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named participant arising from participation in any program activities

Waiver

Participant's Name: _____

Please read carefully.

* By signing this you recognize and understand the acknowledgement of risk form and you give up all your legal rights to sue for injuries or loss caused during the period that the participant is under the supervision of Fireside Adventures (a division of Creative Toolbox Consulting Inc.) Leadership Programs.

___ * We hereby forever release, discharge and hold harmless the instructors, volunteers, directors or any other staff member of Fireside Adventures (a division of Creative Toolbox Consulting Inc.) and/or Creative Toolbox Consulting Inc. from any claim, action or damage arising out of the Participant's activities while participating in a Fireside Leadership Program.

___ * We further understand that Fireside Adventures (a division of Creative Toolbox Consulting Inc. assumes no liability or responsibility for injury or loss to the aforementioned participant's person or property.

___ * I /We have read, understood, accept and agree to abide by the policies and guidelines as set forth and acknowledge the risk involved in Fireside Adventures (a division of Creative Toolbox Consulting Inc.) programs. If I have any uncertainty as to the nature of the programs I will request more information from Creative Toolbox Consulting Inc..

*** Please initial each of the above paragraphs to ensure you have read and understand the waiver information.**

Signature of Parent/Guardian/Participant

Print Parent/Guardian/Participant name

Signature of Witness

Print Witness name

Dated this _____ day of _____ 201 _____



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Photo Waiver / Release

Creative Toolbox Consulting Inc. is constantly updating its website and promotional materials. We are proud of our programs and would like to be able to show pictures that demonstrate what we do. We take pictures during all our programs. We are asking for permission to use your image or your child's image in promotional material, and on our website to promote the benefits of Creative Toolbox Consulting Inc.'s programs.

Creative Toolbox Consulting Inc. can use my image or my child's image (in photograph, digital, video or electronic form) for and in publications, posters, web-site or other media, without limitation, and I agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against Creative Toolbox Consulting Inc. in respect thereof.

Please indicate if you agree or disagree with the information above related to Photo Waiver/Release by checking one of the checkboxes:

Agree

Disagree

Signature of Parent/Guardian/Participant

Print Parent/Guardian/Participant name



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Acknowledgement of Risk

Participant's Name: _____

Fireside Adventures, a division of Creative Toolbox Consulting Inc., would like you to read the following carefully as it may affect you/your child's safety and the safety of others going on this trip. Once you have read it we would like you to sign the bottom of the form as an indication that you have read and understood it, and return it to us, together with the rest of your registration package.

We have taken all reasonable steps to provide you with the level of care and assurances of safety appropriate to these activities. However, you should be aware that certain inherent risks remain which are integral to the activity, and which cannot be eliminated without destroying the uniqueness of the activities.

Amongst other things, some of these risks can contribute to:

- The loss or damage of your personal clothing or equipment
- Feelings of discomfort, fear and apprehension, or even
- Accidental injury, illness, or trauma, which in extreme cases may result in death.

The level of real (as opposed to apparent) risk associated with the activities of Fireside Adventures is very low. However, the type of risks may be something with which you are not familiar. The level of risk is generally no greater than that associated with, for example, the normal play of an average person/child, or that associated with a person/child or youth undertaking recreational activities appropriate to their ability, fitness, age, etc.

Depending on which trip you are going on, you may be involved with any or all of the following. If you are not comfortable with any of these you should let that be known to us as soon as possible.

Things you may encounter include, but may not be limited to:

Rough or rugged terrain. This trip may be on mountain, forestry or rough terrain. If you are only used to footpaths, tarmac surfaces, and gentle inclines, etc., this may come as a bit of a surprise by putting greater strain on joints and muscles than you are used to.

Physical effort. Our trips involve physical effort that at times may be more than you are used to. This may involve stamina or physical strength. If you have medical conditions or injuries, past or present, which may make some activities difficult, you should make us aware of them. Rest assured however, that we could accommodate almost anyone provided we know about the condition.

Animals. We are going into a wilderness area where animals live (eg. bears, cougars). Generally wild animals want to stay away from human activity but there have been cases where humans do encounter animals. We will do our best to prevent such an occurrence – including cooking away from where we camp, hanging our food out of reach, staying as a group and providing enough noise to let animals know we are in an area. Students will be given instruction on how they can be responsible users of the wilderness.

Water activities. All normal and appropriate precautions will be taken, such as the use of buoyancy aids when appropriate. However, some situations may become stressful for some people. If you have an unusual aversion to water you should let that be known to us, although the ability to swim is NOT a requirement.



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Environmental risks and hazards. These may include such factors as lightning, floods or rock-fall although the more common would be rapid and significant changes in the weather, or unstable or slippery conditions underfoot.

Cycling. Fireside Adventures trips may involve a significant amount of cycling (bike touring) which will be done on highways, secondary roads, and gravel/logging roads. Participants and staff will follow all road rules including speed limits, wearing proper cycling safety equipment. There are risks associated with being on a bike. Accidents are possible and can even be fatal. We will do our best to minimize the potential for these types of risks by teaching how to cycle defensively and following rules of the road.

Canoeing. All participants will participate in a swim test, water comfort assessment and basic canoe competency lessons. No participants are allowed in any water without direct supervision from staff. There is potential for a canoe to tip over because of poor distribution, paddling strokes or unstable water which could cause participants to become wet and/or cold and/or anxious. Prior to any canoeing, participants will need to partake in a canoe over canoe rescue exercise and taught water safety procedures.

Transportation. Fireside Adventures trips may involve a significant amount of driving which will be done on highways, secondary roads, and gravel/logging roads. Our drivers follow all road rules including speed limits. There are risks associated with being in a vehicle. Accidents are possible and can even be fatal. We will do our best to minimize the potential for these types of risks by always driving defensively.

Slips and trips. This is the most common type of accident throughout society and our trips are no exception. We will endeavor to ensure that the consequences of such a slip are not serious but you should be aware that the likelihood of falling over or slipping is likely to be greater than you are used to. Moreover, given the nature of the environment in which these may occur the situation can compound giving rise to a more serious incident.

Fireside Adventures has clear obligations and we take these very seriously. However, we will be expecting students to contribute to their own, and each other's safety by following the instructions leaders will, from time to time, be giving them.

Acknowledgement

I recognize:

- That this trip may require an attitude and approach different from other activities I have been involved with.
- That the nature of the risks may be different to those, which I am familiar with.
- That certain inherent risks remain.

Signature of Participant _____ Date _____

Signature of Parent or Guardian (if applicable) _____ Date _____