

# The Atlas Children's Workshop

## ACW Summer Camps 2008

### Registration Forms and Information

Welcome to Atlas Children's Workshop Summer Camp Program 2008. Below, you will find the list of forms contained in this file, a registration checklist, and information on how to register.

**FORMS:** *(please complete one of each form for each camper)*

1. Camper Information Form
2. Camp Registration Form
3. Camper Emergency Information & Emergency Treatment Consent Form
4. ACW Camp Waiver of Liability, Assumption of Risk, and Indemnity Agreement

#### REGISTRATION CHECK LIST:

1. Camper Emergency Information Form for each child.
2. If applicable, written authorization from the parent or guardian for you to register their child for them, i.e., "proxy" enrolment.
3. Method of payment — All camp fees must be paid in full at registration. Atlas Studios accepts cash, checks or Visa, MasterCard and American Express charge cards.
4. Signed "ACW Camp Waiver of Liability, Assumption of Risk, and Indemnity Agreement" for each camp participant. Note: waiver requires signatures in multiple places.

#### REGISTRATION INFORMATION:

You may register by fax, mail, or in person until June 15, 2008. We will mail you a receipt confirming your camp registration. Please make sure you have completed all the forms listed above ensure your child is successfully registered in the summer camp of your choice.

***If you miss the June 15<sup>th</sup> deadline, you may come to one of the studios to register.***

If you would like to send a Fax, call ahead to make sure that it will go through. You can email forms and call with credit card payment or come into one of the studios to register and pay. You can mail forms as well with a cheque or credit card number.

7 Thorne Street, Cambridge or 123 Charles Street West, Kitchener – Call 519.884.9877 - email [info@atlasstudio.com](mailto:info@atlasstudio.com)

### Camper Information Form

**Campers Name**

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First Middle Last

Parent(s)/Guardian(s)

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First Middle Last

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First Middle Last

Address

Number	Street	apt/unit	City	Province
Home Phone	Work Phone		Cell Phone(s)	
Email address	Camper's DOB	Age	Gender	Grade

**CAMPER PICK UP AUTHORIZATION:**

Parent/Guardian Authorization Signature \_\_\_\_\_

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_

**CAMPER RELEASE AUTHORIZATION (CHILDREN 10 AND OVER)**

I request ACW Camps to allow my child to release him/herself at the end of camp.  
Parent/Guardian Authorization  
Signature \_\_\_\_\_

**The Green Sprouts:** 3-5 year olds Explore and grow in relationship with each other and the world around us.  
**The Red Door:** 6-9 year olds Opening new doors to thought, expression and consciousness.  
**True Colours:** 10-12 year olds Explore the rainbow coloured bridge to living peace and conflict resolution, being peace.  
**The Road Less Traveled :** 13 years and Up – leadership development camp focusing on becoming an instrument of peace and change in the world.

**Authorization for Treatment** Please read, complete, and sign the following: *I understand that in the event of a medical emergency, all reasonable efforts will be made by the School personnel to contact the student's parent/guardian or designee. When such communication shall fail, or when delay would endanger the life of the student, I authorize appropriate personnel of ACW Camp [to administer and/or secure emergency treatment for the student, including hospitalizations. I also grant permission for medical information relevant to the student's health and safety to be released on a need-to-know basis.*

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_ Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

<b>Cambridge Camp Dates</b>	<b>Check preferred week(s)</b>	<b>Circle am/pm/both</b>	<b># of Campers</b>	<b>\$Amount</b>
Ω Week 1 June 30 - July 4	The Road Less Traveled	100.00	<input type="checkbox"/>	_____
Ω Week 2 July 7 – July 11	The Green Sprouts	60.00am 60.00 pm 100.00both	<input type="checkbox"/>	_____
Ω Week 3 July 14 – July 18	The Red Door	100.00	<input type="checkbox"/>	_____
Ω Week 4 July 21- July 25	True Colours	100.00	<input type="checkbox"/>	_____
Additional weeks available if demand requires it. Minimum 5 campers for camp to run.			Sub-total:	_____
			5% gst:	_____
			<b>Total:</b>	_____

<b>Kitchener Camp Dates</b>	<b>Check preferred week(s)</b>	<b>Circle am/pm/both</b>	<b># of Campers</b>	<b>\$Amount</b>
Ω Week 1 June 30 - July 4	The Road Less Traveled	100.00	<input type="checkbox"/>	_____
Ω Week 2 July 7 – July 11	The Red Door	100.00	<input type="checkbox"/>	_____
Ω Week 3 July 14 – July 18	The Green Sprouts	60.00am 60.00 pm 100.00both	<input type="checkbox"/>	_____
Ω Week 4 July 21- July 25	True Colours	100.00	<input type="checkbox"/>	_____
Ω Week 5 July 28 – August 1	The Red Door	100.00	<input type="checkbox"/>	_____
Ω Week 6 Aug 5 – Aug 8	The Red Door	80.00	<input type="checkbox"/>	_____
Ω Week 7 Aug 11 – Aug 15	The Green Sprouts	60.00am 60.00 pm 100.00both	<input type="checkbox"/>	_____
Ω Week 8 Aug 18 – Aug 22	True Colours	100.00	<input type="checkbox"/>	_____
Ω Week 9 Aug 25 – Aug 29	The Road Less Traveled	100.00	<input type="checkbox"/>	_____
			Sub-total:	_____
			5% gst:	_____

<b>Method of Payment</b>	<b>Total:</b>
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex Credit Card number _____ _____ Expiry Date (M/Y) _____ Name on the Card _____ Signature _____ _____	_____

**ACW Camp Waiver**

WAIVER FOR PARTICIPANT AND/BY PARENT - In consideration of your accepting my or my child's entry, I hereby, for myself, my child, our heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the ACW Camp & Atlas Studios and its representatives, officers, employees, agents, successors, and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, advertising, publicity, and promotion relating thereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the ACW Camp & Atlas Studios harmless of and from any and all liability of whatever nature which may arise out of result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the ACW Camp & Atlas Studios, its successors and assigns, for any and all loss and damage occasioned thereby.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent / Guardian \_\_\_\_\_