



# Learning Adventures and Beyond Application Form



**Please attach a passport copy of each individual attending the trip, along with a cheque for the deposit.**

### Child

First \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_

### Parent/Guardian - Contact Information

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

### Emergency Contact Information

#### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

#### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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## In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorise the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials

\_\_\_\_\_

I understand that Learning Adventures and Beyond will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials

\_\_\_\_\_

## Terms of Agreement

### Photo Release

I hereby give permission for my child to be photographed during the **Learning Adventures and Beyond activities**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Learning Adventures and Beyond and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

### Transportation Release

I hereby give permission for the transportation of my child for official **Learning Adventures and Beyond** activities by modes of transportation agreed to by the camp organisers.

Parent's/Guardian's Initials \_\_\_\_\_

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## Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Learning Adventures and Beyond during the selected camp. In exchange for the acceptance of said child's candidacy by Learning Adventures and Beyond, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Learning Adventures and Beyond, and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Learning Adventures and Beyond, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

## Medical Release and Authorisation

As Parent and/or Guardian of the named child, I hereby authorise the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunisations for the child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorisation is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Learning Adventures and Beyond, and its affiliates including Directors, Leaders, and Staff to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorised on the dates and/or duration of the registered season.

This release is authorised and executed of my own free will, with the sole purpose of authorising medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_