

**RELEASE OF LIABILITY, WAIVER  
OF CLAIMS, AND ASSUMPTION OF RISKS**

**BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION**

**PLEASE READ CAREFULLY!**

I, \_\_\_\_\_ represent myself, my child(ren), and/or partner (collectively the “**Family**”) who wishes to attend or engage in a program, event, or activity (“**Program**”) with the Corporation of the Town of Huntsville (the “**Town**”).

As lawful consideration for being permitted by the Town to be on the premises and engage in the Program, my Family and I agree to follow all rules and regulations set out by the Town.

I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, OR DEATH, ARISING FROM ME AND/OR MY FAMILY BEING ON THE PREMISES OR ENGAGING IN THE PROGRAM, WHETHER CAUSED BY THE NEGLIGENCE OF THE TOWN OR OTHERWISE.

**By agreeing below, I acknowledge that I represent myself and my family and I have read and understood all of the terms of this agreement and am voluntarily waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators, and next-of-kin), including the right to sue the Town.**

I acknowledge, understand and give permission for my child to participate in a variety of activities while at camp including, but not limited to: Swimming, Skating, and Outdoor Trips that may require walking along roads and sidewalks to get to nearby locations including, but not limited to, Lions Lookout Field, Muskoka Heritage Place, Algonquin Theatre, and Conroy Field

Child’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature : \_\_\_\_\_

Date: \_\_\_\_\_



The Corporation of the Town of Huntsville

## CREDIT CARD AUTHORIZATION FORM

### SUMMIT SUMMER CAMP - 2024

This is to authorize the Town of Huntsville to charge the below credit card as per the agreed payment schedule.

**Registration Day – Pay for 1 week of Camp**

**June 21<sup>st</sup> payment for remaining balance**

Name(s) attending camp:	

PAYMENT SCHEDULE			
Attending Camp	Camp	Option 2	Amount:
Week 1 <input type="checkbox"/>			
Week 2 <input type="checkbox"/>			
Week 3 <input type="checkbox"/>			
Week 4 <input type="checkbox"/>			
Week 5 <input type="checkbox"/>			
Week 6 <input type="checkbox"/>			
Week 7 <input type="checkbox"/>			
Week 8 <input type="checkbox"/>			
Week 9 <input type="checkbox"/>			
<b>TOTAL</b>			
<input type="checkbox"/> Process payments as per payment schedule & send receipt <input type="checkbox"/> Will come in each before the scheduled payment date <input type="checkbox"/> <b>1 Week paid in full at time of registration – May 9<sup>th</sup> – Amount _____</b> <input type="checkbox"/> <b>All other weeks payment due June 21 – Amount _____</b>			
COMMENTS:			
CREDIT CARD INFORMATION			
Credit Card Number:			
Expiry Date:			
3-Digit Security Code:			
Name as it appears on the credit card:			
Signature:			

**I authorize the Town of Huntsville to charge the above credit card all outstanding charges as per the payment schedule set. If I do not have a credit card on file, I will ensure payment is made by the schedule dates and if it is not my camper will be removed from camp weeks that have not been paid for. All payments must be made by June 21<sup>st</sup>.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## **Behaviour Expectations:**

Disruptive or uncooperative behaviour spoils camp for everyone. Each parent and camper must acknowledge our code of conduct. Campers who do not live up to expectations may be asked to leave camp permanently.

When considering a recreation experience please consider the individuals needs, and that the recreation integrated setting may not be suitable for all persons with disabilities. Health and Safety of participants and staff is paramount, which could result in participants being denied access to the program.

Please note that the Town of Huntsville does not offer 1:1 support for youth programs or youth campers. Children who require an Educational Assistant at school or 1:1 support for success, are asked to provide their own caregiver at youth programs/camp. Please contact our Community Services Recreation staff for further information, to communicate your child's needs and/or how to bring a caregiver for your child.

I have read and understood the Behavior Expectations while my child is attending camp

## **Day Camp Code of Conduct**

In order for everyone to have a Fun, Exciting and Safe experience we all follow a Code of Conduct. Below is the Day Camp Code of Conduct which staff and participants will follow while attend Town of Huntsville Day Camps. Please ready over and make sure that you and your camper understand the rules in the Code. Parents and Campers are expected to follow the Code of Conduct while in Town Camps.

### **As a Camper, I will:**

- Show respect to others and treat them as I would like to be treated.
- Show respect to staff and cooperate fully with their instructions.
- Camp Rules will be explained on the first day of camp.
- Know the rules and follow all the rules of camp.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that horseplay, bullying or other unkind behaviour are not allowed.
- I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies and facilities properly
- Respect the property of others!
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary actions.

**Any inappropriate behaviours may result in any or all of the following:**

- 1. Review of Behavior Expectations, Code of Conduct and Rules with Participant
- 2. Coordinator meeting with parent/guardian to discuss behavior and consequences
- 3. Dismissal from the program *(may be immediate if behaviors interferes with other's ability to safely enjoy participation)*

Please write & sign your full name and the child's name to acknowledge you have gone over the Code of Conduct with your camper. My camper and I understand the code and agree to abide by all rules.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Day Camp Refund Policy**

A \$20 administration fee per camp will be charged for any cancellation within 1 week of camp occurring.

*By checking this box, I acknowledge the Town of Huntsville refund procedure*

**Photo Permission**

Do we have permission to take photos for publication purposes?

Yes

No

**Emergency Contact Information**

First Emergency Contact Name:	
First Emergency Contact Number:	
Secondary Emergency Contact Name:	
Secondary Emergency Contact Number:	

**Unauthorized Pick Up**

Due to certain family situations, is there someone who does not have permission to pick up the participant?

Unauthorized Pick Up Name:	
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**Allergies, Medication, Medical Conditions & Support**

Describe the nature of any medical conditions, food or allergies and treatment or concussion that might impact the participants' participation.

- *Note: This information is collected for campers' safety and to allow for an inclusive camp experience. If you would like to share information via phone call please email [recreation@huntsville.ca](mailto:recreation@huntsville.ca) to arrange a meeting.*
- *If the participant has suffered a concussion, when did the concussion occur & has the participant been cleared by a physician to return to play?*

Is extra support required at school? Example: EA full time at school, difficulty with transitions, etc. Please describe support required.

Are there accommodations that need to be made to for the safety of the participants and staff? Please describe:

Is there any other information that you would like to share about the participant's background?