

# Maker Camp Registration Form

(2022 Summer)

[www.stemkid.ca](http://www.stemkid.ca)

TEL: 647-879-1509

## a. FAMILY INFORMATION (print only)

Have you or an immediate family member previously enrolled in a STEMKid program or membership? YES  NO

## b. ADULT/ PARENT/ GUARDIAN INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP WITH CHILD: \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_ APT/UNIT#: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_

## c. PARTICIPANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DISABILITIES/MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_ CARRIES EPI PEN: YES  NO

CARRIES MEDICATIONS: YES  NO

Weeks (Dates)	Extended Hours	TOTAL \$
_____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	_____
_____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	_____
_____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	_____
_____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	_____

Special Requirements: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Personal information on this form is collected under the authority of the Municipal Act 2001, S.O. 2001, C.25, and will be used for the purpose of program registration and administration. Inquiries regarding this collection should be directed to the Office at 647-427-0915.

### THIS WAIVER AND CONSENT MUST BE SIGNED IN ORDER FOR THIS APPLICATION TO BE PROCESSED. PLEASE READ CAREFULLY!

I, being either the participant(s) named on this Registration Form or the parent or guardian of the participant(s), acknowledge and understand that: (a) each person, me/my child(ren) included, has a different capacity for participating in programs and their related activities; (b) there may be inherent risks associated with participating in the Program, including all manners of injury, the failure of equipment and the carelessness of other participants and misjudgements on the part of staff or contractors; and (c) STEM Edutainment occasionally photographs its programs and their participants for use in promotional materials.

I agree to participate/permit my child(ren) to participate in the Program and willingly assume full responsibility, and any risks of injury, for myself/my child(ren) in connection with my/my child's(ren's) participation in the Program at any location where the Program may be held, including facilities owned or operated by the STEM Edutainment, or other sites owned and operated by third parties (i.e. for field trips). I further consent to the use by the STEM Edutainment of photographs of me/my child(ren) for promotional purposes and authorize the STEM Edutainment to use and publish such photographs in print and/or electronically.

I agree to waive all claims that I/my child(ren) may have or may have in the future against STEM Edutainment INC., its elected officials, directors, officers, employees, contractors, volunteers and agents (collectively the "Releasees") and release and forever discharge the Releasees from all liability for any personal injury, death, property damage, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my/my child's(ren's) participation in the Program or the STEM Edutainment Inc. use of photographs of me/my child's(ren's).

I confirm that I have had sufficient time to read and understand each item of this Waiver and Consent in its entirety, and agree to be bound by its terms freely and voluntarily this

\_\_\_\_\_ day of \_\_\_\_\_, 2022.

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

## d. PAYMENT INFORMATION

E-TRANSFER

(Cheques must be made payable to the **STEM EDUTAINMENT INC.** or E-transfer to **info@stemkid.ca**)