'LAANAA DAGANG.A
SWAN BAY REDISCOVERY PROGRAM

SWAN BAY REDISCOVERY REGISTRATION FORM

Name (participant): _____

Haida Name or Nick Name: _____ Age: _____

Parent/guardian name: _____

Home phone: _____ Work: _____ Cell: _____

Mailing address: _____ Street address: _____

Email address: _____

Camp name: _____

Camp Dates:
1st choice: _____

2nd choice (if first choice is full): _____

Please carefully check the following boxes:

☐ I have carefully read, understood, and filled out the ***Medical Disclosure forms*** (pages 3, 4 and 5 of this registration package).

☐ I have carefully read, understood, and signed the ***Assumption of Risk/Photo Permission form***.

SWAN BAY ASSUMPTION OF RISK/PHOTO PERMISSION FORM

Rediscovery Camp consists of activities such as hiking, backpacking, swimming, flat-water and moving water canoeing, expeditions in summer and winter, chores (eg: cooking, carrying food/water, chopping wood), active games, solos, travelling to and from activity sites in vehicles/vessels.

The program provides a wide range of activities which may include: loss or damage to personal property, injury, fatality due to: inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, dangerous animal encounters, equipment failure.

While participating in the Swan bay Rediscovery Program includes travel and camping in remote areas without easy access to medical facilities or support.

I, _____ (parent/guardian name) acknowledge that while Rediscovery staff (including contracted staff) will make every reasonable effort to teach me/my child proper outdoor techniques and to minimize exposure to known risks, all hazards and perils cannot be foreseen. I understand and voluntarily accept all risks associated with the Program.

I/we understand that we have a personal duty and responsibility to learn and follow the safety standards, guidelines, and procedures established by Rediscovery staff, and will make staff aware at any point where I question my knowledge of these standards, guidelines, and procedures or my ability to participate in program activities.

I authorize Rediscovery staff to provide emergency medical treatment for myself/child. Swan Bay Rediscovery and Staff are not responsible for any cost of medical care or any other associated expenses.

I hereby authorize the use of photographs of myself/child that will be taken during the Swan Bay Rediscovery Program, for use by Swan Bay. This could include print, website and social media.

I agree to follow Rediscovery Program rules and staff directions. I acknowledge that program staff may remove me from the Program if I fail to comply with the program rules and staff directions, and I agree to bear any additional expenses associated with this.

I waive all claims arising from participation in this program and hereby release all persons from liability caused by negligence or otherwise which I may ever have against Swan Bay Rediscovery, its directors, staff, and volunteers. My signature is also intended to bind my successors, heirs, representatives, administrators, and assigns.

I have carefully read and understand this form.

Parent/Guardian signature: _____ Date: _____

Participant signature: _____ Date: _____

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MEDICAL FORM

Name (participant): _____

Date of Birth: _____ Age_____

I identify my gender as:
☐ Male
☐ Female
☐ Genderqueer/Non-Binary
_____ (fill in the blank)

Height:_____ Weight:_____

Health Care Number: _____

Please fill out the following information as accurately as possible. All forms are confidential and will only be used by Swan Bay Rediscovery staff for the duration of the participants program.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone Number: ( ) _____ Cell: (____) _____

Phone Number: (____) _____ Email:

Date of last Tetanus Inoculation or Booster: _____

*It is important to note that **tetanus inoculation** is an easy way to protect yourself from the disappointment of having to be evacuated due to a simple cut or scrape. Call your health care worker if you are unsure about your inoculation date. A tetanus shot is good for ten years and can save your life.*

Do you wear glasses or contact lenses? ☐ Yes ☐ No

Can you swim? ☐Yes ☐No

Rate swimming ability: ☐ sinker ☐ floater ☐ dog paddler ☐ swimmer ☐ champion

Have you or do you now have any of the following conditions:
(Please check box(s) that apply and provide a brief description below)

☐ Arthritis---------- ☐ Asthma----------

☐ Diabetes---------- ☐ Dizziness----------

☐ Ear aches---------- ☐ Epilepsy----------

☐ Eye Problems---------- ☐ Frostbite----------

☐ Headaches---------- ☐ Heart condition----------

☐ Hepatitis---------- ☐ High Blood Pressure----------

☐ Malaria---------- ☐ Menstrual Problems----------

☐ Frequent Nosebleeds ---------- ☐ Sleepwalking----------

☐ Stomach Problems---------- ☐ Frequent Toothaches----------

☐ Other----------

Are you under treatment for any illness or condition not listed above? If so please name and describe:

Have you suffered any of the following injuries:
(*Please check box(s) that apply and provide a brief description)*

☐ back pain---------- ☐ concussion----------

☐ dislocation---------- ☐ fracture----------

☐ joint problems---------- ☐ bad sprains/strains----------

☐ Other----------

Are you under treatment for any illness or condition not listed below? If so please name and describe:

Are you currently taking any form of medication? If so please describe:
Important *– If medication is vital participants must bring back up dose for staff to carry.*

Do you have any allergies? (environmental, dietary, medical etc.) If so please describe, including the type and severity of reaction:

Do you have any dietary restrictions? (vegetarian, lactose intolerance): If so please describe:

Do you have any limitations, fears or phobias that could affect your participation at camp? If so please describe them:

I _____(parent/guardian name), declare that the information in this medical form is accurate and truthful.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____