



## SWAN BAY REDISCOVERY REGISTRATION FORM

Name (participant): \_\_\_\_\_

Haida Ancestry Y or N: \_\_\_\_\_ Haida Name or Nick Name: \_\_\_\_\_

Age: \_\_\_\_\_ Parent/guardian name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Street address: \_\_\_\_\_

Email address: \_\_\_\_\_

Camp name: \_\_\_\_\_

Camp Dates:

1<sup>st</sup> 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 4, 5 and 6 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: \_\_\_\_\_



## 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)*

- |   |   |
|---|---|
| <input type="checkbox"/> Arthritis-----           | <input type="checkbox"/> Asthma-----              |
| <input type="checkbox"/> Diabetes-----            | <input type="checkbox"/> Dizziness-----           |
| <input type="checkbox"/> Ear aches-----           | <input type="checkbox"/> Epilepsy-----            |
| <input type="checkbox"/> Eye Problems-----        | <input type="checkbox"/> Frostbite-----           |
| <input type="checkbox"/> Headaches-----           | <input type="checkbox"/> Heart condition-----     |
| <input type="checkbox"/> Hepatitis-----           | <input type="checkbox"/> High Blood Pressure----- |
| <input type="checkbox"/> Malaria-----             | <input type="checkbox"/> Menstrual Problems-----  |
| <input type="checkbox"/> Frequent Nosebleeds----- | <input type="checkbox"/> Sleepwalking-----        |
| <input type="checkbox"/> Stomach Problems-----    | <input type="checkbox"/> Frequent Toothaches----- |
| <input type="checkbox"/> Other-----               |   |

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

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Have you suffered any of the following injuries:

*(Please check box(s) that apply and provide a brief description)*

- |  |   |
|--|---|
| <input type="checkbox"/> back pain-----      | <input type="checkbox"/> concussion-----          |
| <input type="checkbox"/> dislocation-----    | <input type="checkbox"/> fracture-----            |
| <input type="checkbox"/> joint problems----- | <input type="checkbox"/> bad sprains/strains----- |
| <input type="checkbox"/> Other-----          |   |

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

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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.*

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

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

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

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

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PACKING LIST & INFORMATION

Please remember that you will be travelling in the wilderness. When packing, wrap your gear **inside a garbage bag** to keep it dry (this is the standard way to pack for camping in the Haida Gwaii rainforest). Put participants name on clothing and personal items. Please pack only what is on the list as space on the boat is limited. Your personal gear should be no larger than a medium sized duffel bag and a small daypack. Oversized bags will be downsized at the dock! *Parents: please help your children pack to ensure adequate equipment.*

### Mandatory Items:

- Personal water bottle
- Small backpack or day bag
- Sleeping bag
- Smaller blanket for around camp
- Rain gear (water-PROOF, send even if weather is nice: rain pants, rain jacket)
- any swimming gear (goggles, etc)
- second dose of necessary personal medications (marked with instructions and given to Camp Staff)
- personal flashlight with new batteries

### Footwear:

- 2 pairs of wool socks
- 1 pair of necessary GUMBOOTS
- 1 pair ankle support/high hiking boots
- 5 pairs cotton socks (minimum)

### For travel in to camp (put in day pack):

- substantial and healthy packed lunch
- raingear, gumboots, & warm clothes (open boat ride for 4 hours or more)

### PARENTS & CAMPERS – VERY IMPORTANT:

- **No electric devices** of any sort, including watches, are permitted during the trips
- No iPods, MP3 players, or electronic games allowed
- Any electronic devices or games will be taken by a staff member and returned to participant at the end of camp.
- Leave valuables at home.
- No candy, gum, or other sugary treats

### Clothing (preferably fleece or wool not cotton) Wrap in waterproof bag.:

- 3 pairs of pants (quick drying)
- 1 belt, if necessary
- 4 T-Shirts
- 2 long sleeve shirts
- 1 warm sweater (fleece)
- 1 bathing suit
- 1 warm toque
- 1 sun hat
- 1 pair of sunglasses

### Toiletries:

- 1 toothbrush & paste
- 1 small container shampoo
- 1 wash cloth
- 1 towel
- 1 brush or comb

### Swan Bay Rediscovery supplies the following:

- 1" thick foam pads in camp
- All cooking and eating supplies
- Sun-block
- All first aid supplies
- Toilet paper, hand washing soap, etc.