

Confirmation for WT Camp 2010

Winning Techniques is pleased to be having your child(ren) spend some time with us this summer.

Your check in time is:

Overnight campers Sundays: 2-4pm Day campers: Mondays at 8:00am

Your check out time is:

Overnight campers Saturdays: 10-12am Day campers: Fridays at 5:30pm

Please find included directions, campers check list, health form and activities waiver.

The health form & waiver need to be handed in when you arrive at camp.

Figure skaters only:

Does your child need additional skating lessons? : _____

Test request: _____

*If you are planning to try a Skate Canada test you will need a letter of permission from your home club. Tests and extra private lessons must be paid upon check in.

Directions:

From Toronto:

1. Take 400N to Barrie
2. Take Hwy 11N towards ORILLIA/NORTH BAY (approx. 130 kms) (Pass Huntsville exits)
3. Take exit 235- Hwy 592N/Novar (go straight for approx. 6 kms)
4. We're at the corner of Bay Lake Rd. & Hwy 592

From North Bay:

1. Take Hwy 11 South
2. Take the Emsdale exit (before Huntsville) & go East on Hwy 518 (approx. .5km)
3. Take Hwy 592 South (approx. 10km)
4. We're at the corner of Bay Lake Rd. & Hwy 592

During the summer, in the event of an emergency, please contact the Camp by phone at 705-636-5957

If you have any other questions or concerns please call.

See you at camp!

Kim & Adam Grin

Winning Techniques Directors

Campers Check List

_____ *Personal sports equipment (ie: Skates, riding boots, clubs)*

_____ *Sleeping Bag & a single bed sheet*

_____ *Pillow*

_____ *Toiletries (Shampoo/soap/toothpaste/brushes)*

_____ *Towel(s) & Face Cloth*

_____ *Bathing Suit(s)*

_____ *Running Shoes & Sandals*

_____ *Suntan Lotion*

_____ *Hat*

_____ *Bug Repellant*

_____ *Health History Form*

_____ *Sports Waiver*

2010 HEALTH AND MEDICAL FORM

Each guest **MUST** have a Winning Techniques Health Form filled out and signed each year by a parent or guardian (if under 18).

Guest Name: _____ Gender: _ M _ F

Contact Name: _____ Province/State: _____

Relationship: _____ Postal Code: _____

Mailing Address: _____ Contact Phone: _____

City: _____ Birth date: _____ Summer Age: _____

***Please provide a PHOTOCOPY of the following insurance documents:**

Ontario Health Card #: _____ Version code: _____ OR

Other Insurance Provider & Policy #: _____

Important Information - Please READ and SIGN

Consent to Treatment, Waiver, Release and Conditions of Enrollment

Health Coverage: Each guest must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits (emergency room, X-rays, etc.). You will be responsible to seek reimbursement from your own insurance company for such expenses.

Medical Treatment: I hereby give permission to the physician and nurses selected by the Winning Techniques Directors to assess and give medical treatment, including prescriptions, when necessary, to my son/daughter. In the event that a guest requires special medication, transportation, X-ray or treatment beyond that which is possible at the camp, the parents will be charged with the additional expense. In case of surgical emergency, I hereby give permission to the physician selected by the Directors to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above and will be responsible for any additional expense that may result from such services. **Liability:** While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Winning Techniques. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. By signing below, you are releasing the employees, Directors, and Officers of Winning Techniques Incorporated and the employees of facilities outside the camp grounds from any and all claims for liability (which may include liability for personal injury) arising from your child's participation in the sports and activities of Winning Techniques. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release.

Dismissal: The Directors reserves the right to dismiss a guest without a refund who, in their opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the camp. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named guest's participation in the Winning Techniques program. **Custody:** The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Winning Techniques, including a photocopy of the section of any court order referring to visitation rights. **Lost Items:** Winning Techniques is not responsible for personal items that are lost, stolen or damaged. **Photos/Video:** I grant permission to Winning Techniques and to any third party authorized by Winning Techniques to use photos, videos, or any other recording or reproduction of the guest in any medium for use in promotional/training materials and/or as otherwise seen fit by Winning Techniques.

I have read this application and the registration package thoroughly and I accept the conditions of enrollment with Winning Techniques. **Parents/Guardians will be contacted if your child experiences any serious illness or major injury.**

It is our policy at Winning Techniques that **ALL** medication be submitted to the camp Directors upon arrival. Medications **must** be in the original prescription container.

Will your child be bringing the following medications? **Inhaler/Bronchodilator** _ Yes _ No

Epipen _ Yes _ No

If yes, your child will be required to carry this medication at **all** times - please provide a **HIP POUCH**.

Please check all IMMUNIZATIONS that are up to date:

DPT - Diphtheria/Tetanus Polio MMR - Measles/Mumps/Rubella HBV - Hepatitis B

Please check the following that your child has experienced or is experiencing:

| | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Contagious disease exposure |
| <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear infections-frequent |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches-frequent | <input type="checkbox"/> Operation(s)-recent |
| <input type="checkbox"/> Serious injury-recent | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Urinary tract infection-recent |
| <input type="checkbox"/> Homesick tendency | <input type="checkbox"/> Lactose intolerance | <input type="checkbox"/> Menstruation-bring supplies |
| <input type="checkbox"/> Nose bleeds | | |

*Please give details of above: _____

Please indicate all ALLERGIES, give details and treatment, if applicable:

i.e. bee stings – Benadryl

Is there additional information about your child that you would like our staff (Counselor, instructor, Chef or Directors) to be aware of?

(i.e. extreme shyness, difficult home situation, limitation in sports, vegetarian diet)

NOTE: It is the responsibility of the PARENT/GUARDIAN to notify Winning Techniques, IN WRITING, if any new medical conditions arise prior to your child(ren) attending camp (i.e. exposure to a communicable disease since completing this health form).

Name of Parent/Guardian (PLEASE PRINT)

Parent/Guardian Signature

Date

[REDACTED]

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

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

PLEASE READ CAREFULLY!

In consideration for granting membership in and for allowing my/our minor child/children/ward(s) to participate in any or all events and related activities of *the Winning Techniques Camp* I/we hereby warrant and agree that:

1. I am/we are the parent(s)/guardian(s) having full legal responsibility for decisions regarding my/our minor child/children/ward(s); and
2. I am/we are familiar with, and accept, on behalf of myself/ourselves and my/our minor child/children/ward(s) that there is always the risk of serious injury or death resulting from participation in any organized activity for children and teenagers particularly including those involving towed water sport activities such as water skiing, wakeboarding, barefooting or snorkeling skiing, archery, rock climbing, bonfires, canoeing, fishing, kayaking, hockey, horseback riding figure skating, swimming, trampoline and like activities offered as part of the program of the Winning Techniques Camp and with travel to and from such events and activities; and
3. I/we have satisfied myself/ourselves and believe that my/our minor child/children/ward(s) is/are physically, emotionally and mentally able to participate in these programs, and that his/her/their equipment, if applicable, is appropriate, for his/her/their use in these programs; and
4. I/we understand, and will instruct my/our minor child/children/ward(s), that all applicable rules for participation must be followed and that at all times the responsibility for personal safety remains with my/our minor child/children/ward(s); and
5. I/we will immediately remove my/our minor child/children/ward(s) from participation if at any time I/we sense or observe any unusual hazard or unsafe condition or if I/we feel that my/our minor child/children/ward(s) has experienced any deterioration in his/her/their physical, emotional or mental fitness, or that of his/her/their equipment for continued participation in any of the events or programmes.

I/WE UNDERSTAND AND AGREE, ON BEHALF OF MY/OUR MINOR CHILD/CHILDREN/WARD(S), HIS/HER/THEIR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF/OURSELVES, MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY/OUR EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS associated with participation in any or all of the events and activities of *the Winning Techniques Camp by my/our minor child/children/ward(s)* even if arising from negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the Winning Techniques Camp, any event organizer, event venue and any and all persons associated therewith or participating therein or in transportation to and from such events or activities; and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I/we or my/our minor child/children/ward(s) have, or may in the future have, against *the Winning Techniques Camp* and their respective directors, officers, employees, guides, contractors, agents and representatives,

advertisers, other participants of all types, sponsors, and their respective directors, officers, employees, guides, contractors, agents and representatives (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that my/our minor child/children/ward(s) may suffer, or that his/her/their next of kin may suffer as a result of my/our child's/ward's participation in any part of, or presence at, the events or activities involved in the activities of the Releasees, or in travel to or from such events or activities, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES.

3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my/our minor child/children/ward(s) in the activities of the Releasees; and
4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence of the Releasees or otherwise from the activities referred to herein; and
5. AN AGREEMENT that this document be governed by the laws, and in the courts of the Province of Ontario; and
6. A CONSENT to the sharing of information contained in this form with the applicable provincial associations, the insurance underwriters in connection with coverage, and for other uses.

I/WE HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM/WE ARE AWARE THAT BY SIGNING THIS AGREEMENT I AM/WE ARE WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY/OUR MINOR CHILD/CHILDREN/WARD(S), HIS/HER/THEIR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I/WE MAY HAVE AGAINST THE RELEASEES EITHER INDIVIDUALLY OR COLLECTIVELY.

I/WE SIGN THIS DOCUMENT FOR EACH OF MY/OUR MINOR CHILD/CHILDREN OR WARDS AS LISTED BELOW, VOLUNTARILY AND WITHOUT INDUCEMENT this _____ day of _____, 201__ at _____, _____, Canada.

Printed name of Child/children/ward(s) #1

Printed name of Child/children/ward(s) #2

Printed name of Child/children/ward(s) #3

Printed name of Child/children/ward(s) #4

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signature of Witness

Printed name of Witness

Mailing Address

| | | | | | |
|-----------|--|---------|--------|-----------|--|
| Street: | | | | City | |
| Prov: | | P Code: | | Home Tel: | |
| Bus. Tel: | | | Email: | | |
| | | | | | |