



Information Package

Winning Techniques is pleased to have your camper(s) join us this summer.

Camp Check In:

- Overnight Campers: Sundays 2-4pm
- Day Campers: Monday-Friday 8-9am

Camp Check Out:

- Overnight Campers: Saturdays 10-12am
- Day Campers: Monday-Friday 4-5pm

Directions to Office (915 Hwy 592, Emsdale (Perry), Ontario

From Toronto

1. 400N to Barrie
2. Hwy 11N towards Orillia/North Bay (approx. 130km, pass the Huntsville exit)
3. Exit 235 – Hwy 592N/Novar (go straight for approx. 5.5 km)
4. We are on the corner of Bay Lake Rd & Hwy 592

From The North

1. Hwy 11 south
2. Exit - Emsdale (before Huntsville)
3. East/Left on Hwy 518 (approx. 0.5km)
4. South/Right on Hwy 592 (approx. 10km)
5. We are on the corner of Bay Lake Rd & Hwy 592

Other important info:

- Figure skaters that are planning to try Skate Canada test(s) will need a letter of permission from their home club.
- The health form & waiver must be handed in when you check in at camp.
- During the summer, in the event of an emergency, please contact the Camp by phone at 705-636-5957 or text Kim's cell 705-571-7208.
- Wi-Fi is only available from 7-8pm. We encourage everyone to use phones for emergencies or pictures only. Camper and staff are not able to be on devices while participating in activities 😊
- We are planning and preparing for campers to have a great experience. Please let us know if there is anything you need.



Camper Check List

Items to bring to camp:

- Bathing Suits
- Bug Repellent
- Hat
- Lock (if your camper wants to lock up valuables, we have lockers)
- Personal sports equipment: hockey, figure skating, advanced water sports
- Running shoes for Aerial Park
- Sandals
- Suntan Lotion
- Towels
- Waiver with Health Form (mandatory)
- Money for Tuck Shop: We recommend \$20-\$30 cash per week for Tuck Shop treats. Camp swag is also available.

Additional Items for Overnight Campers:

- Bed Sheet (single)
- Brush
- Facecloth
- Pillow
- Shampoo
- Sleeping Bag or Blanket
- Soap
- Toothbrush
- Toothpaste

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: _____ Birthdate: _____ Gender: M F N

Parent/Guardian Name: _____ Email: _____

Mailing Address: (if new or changed) _____

City: _____ Province/State: _____ Postal Code: _____

***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, nurses or others selected by Winning Techniques 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 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 precautions are 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 activities 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 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.

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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 themselves, 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 Health Manager during check in. 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

- Asthma Bedwetting Contagious disease exposure Convulsions/seizures Diabetes
- Ear infections – frequent Fainting Headaches – frequent Operation(s) – recent
- Serious injury – recent Sleepwalking Urinary tract infection – recent Homesick tendency
- Lactose intolerance Menstruation - bring supplies 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, Directors) to be aware of? (i.e. extreme shyness, difficult home situation, limitation in sports, 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

WAIVER



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, snorkeling, skiing, archery, rock climbing, aerial adventure, low ropes, 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 am also aware that my participation in the activities may put me at an elevated risk of contracting or being exposed to viruses, other illnesses, lice etc. that may be present in the general population and/or in public spaces and that I nevertheless choose to participate in the Activities and fully assume the risk of doing so.
4. 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
5. 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
6. 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 programs.

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 Releases") 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 Releases, 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. 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

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3. 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
4. AN AGREEMENT that this document be governed by the laws, and in the courts of the Province of Ontario; and
5. 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.

Coronavirus/COVID-19 addition

I acknowledge the contagious nature of Coronavirus/COVID-19.

I further acknowledge that Winning Techniques cannot guarantee that myself or my child(ren) will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Winning Techniques staff, and other Winning Techniques clients and their families.

I voluntarily seek services provided by Winning Techniques and acknowledge that I may be increasing my child(ren) risk to exposure to Coronavirus/COVID-19. I acknowledge that my child(ren) must comply with all guidelines, policies and procedures while attending the Winning Techniques Camp.

I attest that:

* I and/or my child(ren) are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I do not believe my child(ren) have been exposed to someone with a suspected and/or confirmed case of Coronavirus/COVID19.

* I and/or my child(ren) have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by a doctor or local public health authorities.

* I and/or my child(ren) am following all recommended guidelines as much as possible and limiting my exposure to Coronavirus/COVID-19.

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 on _____ at _____, _____, Canada.
(MM/DD/YY) (City) (Province)

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

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

Printed name of Parent/Guardian

Printed name of Witness

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

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

Signature of Parent/Guardian

Signature of Witness