



**PLEASE COMPLETE AND SIGN SECONDARY REGISTRATION FORM**

Start Date: \_\_\_\_\_ Program Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Pronoun: \_\_\_\_\_

Age: \_\_\_\_ Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Medical Practitioner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_ School/Organization funding you: \_\_\_\_\_

Email address payments are made from by etransfer: \_\_\_\_\_

**PLEASE NOTIFY US WHEN YOU CHANGE ADDRESSES, PHONE, OR WORKPLACE**

**BELOW, CONTACT INFORMATION OF 2 ADULTS WHO WILL BE FIRST AND SECOND CONTACTS**

1<sup>st</sup> Contact's Name: \_\_\_\_\_

2<sup>nd</sup> Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_

**PERSON/S AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD AND EMERGENCY CONTACTS**

1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

- Has your child experienced Nature-based or Performing Arts programs before? Y / N (circle)
- Do you want to participate in activities with your child? Y / N
- Do you have interest in participating in fundraisers to enhance programming? Y / N

**ANY PERSON/S UN-AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD**

NAME: \_\_\_\_\_

**Please provide special instructions below concerning behavior, medication or diet.**

Behavior:

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Strategies:

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Medication:

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Diet:

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### **Commitment of Service**

- Insured and experienced leaders in all Wild Craft Play 'sCool activities
- Safe transportation to and from activities – Class 4 Drivers License + 5 mill liability coverage
- On time and prepared for activities
- Duty of care to take reasonability to avoid harm of self and children
- Diligent care when dealing with inherent and unforeseen risks
- Client confidentiality
- Provide service rain or shine
- Give at least 2 weeks' notice to change scheduled time, unless un-foreseen circumstances
- Inform you if we feel that your child's needs are something that we can or cannot manage
- Following Covid Protocol

### **Commitment to Provider**

- My signature below indicates that I have reviewed the website, and understand what I am signing my child up for, and understand the services offered by the Director and staff
- My signature below authorizes our Director or staff, to physically examine your child and/or call an Ambulance in the event of an emergency.
- I also hereby understand that the Director or staff, to the best of their ability, will keep our child's possessions safe, and yet if the child's possessions are misplaced, they are not responsible for replacing them.
- In consideration of the child's needs, I/we acknowledge and agree that my child may be transported in and use any facilities the Director or staff deems fit for Intervention. We understand that any violent interaction toward any staff, children of the Earth during Wild Craft Play 'sCool adventures could compromise the contract, and may be terminated due to said cause.
- In the case of an accident where the Director or staff, and any affiliate has provided due diligence, they will not be held liable.

- I also hereby understand and agree that my family's personal information collected on this document for the sole use of the Director or staff, and it is for the purpose of the delivery of safe and enjoyable child care.
  
- I, \_\_\_\_\_ have read and agree with the following terms and information. If I have any questions regarding this information I will speak to the Director or staff before initialing and signing off on this contract.

***Please initial each section upon reading. By doing this you are stating that you understand and agree with each procedure listed.***

### GENERAL INFORMATION

\_\_\_\_\_ \* Two week's written notice is required to cancel. This must be in writing (preferably by email) and given to Director or staff. I acknowledge if I give less than one month's notice, I am required to pay for one month after notice is given.

\_\_\_\_\_ \* In the event of absenteeism due to illness, vacation, etc., not initiated by Director or staff, I understand I am still responsible for full payment of service.

Print Parent/Guardian Name: \_\_\_\_\_

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

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Adult, Youth and/or Child Waiver & Photo/Video Consent Form

We would be grateful if you filled in this form giving us permission to take photos and/or video of you or your youth or child and use these in our printed and online publicity.

I give permission to take photographs and/or video of my child.

I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, research, publicity or other purposes to help achieve the group's aims.

This might include (but is not limited to), the right to use them in their printed and online publicity, social media, presentations, press releases and funding applications.

Name of child \_\_\_\_\_

Name of adult \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of adult/parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

## POSSIBLE OUTDOOR ACTIVITIES & SAFETY INFORMATION

*I understand the Wild Craft Play 'sCool will not provide safety equipment, survival kit, cell phone and extra first aid equipment kept in vehicle.*

### HIKING LEVEL & SURVIVAL INFORMATION

CHECK ANY/ALL BOXES:

- ... Local Parks
- ... Any park across Vancouver Island
- ... Back country
- ... Allowed to walk bare-foot

⇒ **Initial:** \_\_\_\_ \* I understand that my child requires a survival kit, which I will supply.

### ARCHERY LEVEL & SURVIVAL INFORMATION

CHECK ANY/ALL BOXES:

- ... permitted to use archery equipment in permitted areas
- ... needs training
- ... NOT permitted to use archery equipment at all

⇒ **Initial:** \_\_\_\_ \* I understand that my child requires to wear long sleeved shirt, gloves, and pay attention.

### SWORD PLAY & SURVIVAL INFORMATION

CHECK ANY/ALL BOXES:

- ... permitted to use foam swords in permitted areas
- ... needs training
- ... NOT permitted to use foam swords at all

⇒ **Initial:** \_\_\_\_ \* I understand that my child requires to wear closed toed shoes, & must listen to instruction.

### KNIFE USE INFORMATION

CHECK ANY/ALL BOXES:

- ... can use a potato peeler only
- ... can use a knife supervised
- ... has a bit of experience with knives
- ... very experienced with knives
- ... NOT permitted to use knives at all

⇒ **Initial:** \_\_\_\_ \* I understand that my child will be trained to be around knives and if permitted to use them, and that this is a risky activity and may cause injury.

### WATER SAFETY LEVEL & SURVIVAL INFORMATION

#### ONLY PERMITTED TO WADE UP TO KNEES IN OCEAN WITH GOOD WATER SHOES

These shores have many oysters and barnacles and will cut their feet without full covered shoes.

CHECK ANY/ALL BOXES:

- ... Permission to walk in water

⇒ **Initial:** \_\_\_\_ \* I understand that my child requires a water shoes that cover the whole foot.

## WAIVER - RELEASE FORM

Please note that this information is required and we **expect that you read this entire document before signing** for you and/or your child. Thank you! Wild Craft Play 'sCool reserves the right to refuse participation or cancel programming if required. Refunds will only be made in extreme circumstances.

### WAIVER AND RELEASE OF LIABILITY

Wild Craft Play 'sCool agrees to provide, to the best of our ability, functional equipment in good condition, an experienced and trained staff person for all adventures. Participants of this adventure *understand and recognize*:

1. That there are inherent risks in participating in outdoor adventure activities including, but not limited to, bodily harm, exposure to different temperatures, exposure to the natural elements of weather, falling down or tripping due to uneven terrain, slipping and falling during adventures, loss of items, dog and stranger visitations.
2. That participants knowingly and freely assume all risks, and that Wild Craft Play 'sCool, it's agents, employees and volunteers, shall not be liable for any damage to person or property, loss, injury, expense, or loss of life that may be suffered by its participants, including negligence on the part of the company, before, during or after its adventure.
3. That the relevant medical conditions and information (such as back, shoulder, elbow, wrist problems, bone or joint problems, pregnancy or heart conditions) and any medications that may necessary on the adventure, must be disclosed to Wild Craft Play 'sCool prior to the adventure.
4. That participants agree to pay (1) the cost of any emergency evaluation of their person and belongings that may be necessary and (2) for the full repair or replacement value of any gear (within reason) that they have damaged.

I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING IT'S TERMS. I UNDERSTAND THAT I HAVE GIVEN UP MY RIGHT TO SUE OR RECOVER FOR DAMAGES, LOSS, EXPENSES, INJURY OR LOSS OF LIFE BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Date

## COVID INFORMED CONSENT

(please initial in the spaces below)

\_\_\_\_\_ I confirm that, to the best of my knowledge, each day my child will be dropped off if they do not have any signs of Covid or other contractable diseases.

\_\_\_\_\_ I understand that if my child shows any signs of Covid symptoms, I am required to inform staff immediately, and get tested.

\_\_\_\_\_ I understand that if my child tests positive for Covid 19, I am to inform staff immediately and that I will be informed of the next steps.

## COVID-19 DECLARATION

Based on having read and understood the foregoing, I declare as follows:

By participating in your programs and/or visiting your facilities, I will be at risk of contracting Covid-19, in spite of any precautions taken by me or by facility/program staff. Covid-19 is a highly infectious disease with a latent period of transmissibility during which time apparently healthy people can be infectious. Covid-19 is a potentially fatal disease affecting people of all ages. Covid-19 can be significantly more dangerous in people of already compromised health, and it is my responsibility – not that of program or facility staff – to understand my current health and limitations and to take appropriate additional precautions as required.

I understand that if infected, I could be at risk of transmitting the disease to other family members, including those with high risk, pre-existing conditions, and that this might occur before my own sickness has become evident.

I have read and understand the above information and willingly accept the above risks.



\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Date

**Please fill out Emergency Card information in the cards below. Then, please print and provide a 2 x 2" photo of your child's face.**

**Please keep all writing INSIDE THE LINES. This will become a safety card.**

	
EMERGENCY—PERMISSION CARD	
Child's Name: _____	D. O. B. _____
(First Name, Surname)	(Year, Month, Day)
Address: _____	
Mother's Name: _____	Cell Phone: _____
Father's Name: _____	Cell Phone: _____
Other Numbers: _____	
Emergency Contact: _____	Date of Recent Tetanus Shot: _____
Child's Doctor: _____	Phone: _____
Medical Number: _____	
Allergies/Medications _____	
	
PLEASE SIGN PERMISSION FORM	
<p>1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.</p> <p>2. I hereby authorize the staff at Wild Craft play Adventure Program/child care facility to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.</p>	
_____	_____
Signature	Date