

## CISV Mini Camp Registration Form

|                |  |
|----------------|--|
| ACTIVITY START |  |
| ACTIVITY END   |  |

### Part 1: Participant Information

|   |               |                                    |  |
|---|---------------|------------------------------------|--|
| <b>Participant Name</b>   |               | <b>Participant's Date of Birth</b> |  |
| Sex   |               | Age                                |  |
| Email Address   |               | Add to chapter email list? (Y/N)   |  |
| <b>Full Name of Participant's Parent or Legal Guardian</b>          |               |                                    |  |
| Email Address/es  |               |                                    |  |
| <b>Emergency Contact</b> information that CISV can use during camp: |               |                                    |  |
| Name  |               |                                    |  |
| Number & Street   |               |                                    |  |
| City  | Postal Code   |                                    |  |
| Home Telephone  |               |                                    |  |
| Cell Number 1   | Cell Number 2 |                                    |  |
| Email Address   |               |                                    |  |
| Add to chapter email list? (Y/N)                                    |               |                                    |  |
| Alternate Contact name & number                                     |               |                                    |  |

Other adults authorized to pick up your child? \_\_\_\_\_

NOTE: children will ONLY be released to parent/guardian or those named above.

Are you a member of CISV? \_\_\_\_\_ Chapter: \_\_\_\_\_

If not, have you attended other CISV activities this year? \_\_\_\_\_

### Part 2: Health & Consent for Medical Treatment

I authorize CISV personnel to provide consent for medical treatment on behalf of the Participant if emergency care is required.

|                    |  |
|--------------------|--|
| Health Card Number |  |
|--------------------|--|

Health Information (Medications required? Allergies? Other info?)

---



---



---

Dietary Information (Vegetarian? Celiac? Please include allergies or strict limitations only, not *preferences*)

---



---

Other concerns leaders should be aware of (religious needs, behavioural needs, sensitive subjects):

---



---

### Part 3: Legal Release & Responsibility to Pay for Damage

I understand the nature of the CISV Programme noted above and consider my child to be capable of taking part in it. I understand my child will be participating in content-heavy activities that may include, but are not limited to: Racism, Equality, Human Rights, and Gender and Social Justice, which can be intense at times. These activities are facilitated without bias but may bring out strong emotions.

I agree not to make a claim or file a lawsuit against CISV if my child is injured while participating in this CISV Programme, *unless there has been gross negligence on the part of CISV.*

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules. If my child engages in inappropriate behaviour he / she *may* be sent home before the end of the Programme at CISV's discretion. **I agree to collect my child from camp, at anytime at CISV's discretion, and to cover costs associated with such trip.**

I also agree to pay for any damage or injury caused by my child.

### Part 4: Permission to Swim

I give my child permission to participate in swimming and other water activities (may or may not be part of this minicamp). My child's swimming ability:

|                             |                               |                          |                               |                          |                                    |                          |
|-----------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|------------------------------------|--------------------------|
| Swimming Ability (tick one) | <input type="checkbox"/> Poor | <input type="checkbox"/> | <input type="checkbox"/> Some | <input type="checkbox"/> | <input type="checkbox"/> Excellent | <input type="checkbox"/> |
|-----------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|------------------------------------|--------------------------|

### Part 5: Permission to Use of Images, and Art or Written Work

I agree that CISV may use and publish photographs, written work or video created as part of participation in this CISV Programme for use in the production of educational or promotional materials including web pages and Facebook Pages. These items may be used and published with the participant's first name (or nickname), age and nationality. Unless my specific parental consent is obtained, participants will not be identified by full name.

### Part 6: Signatures

As proof of:

- permitting my child to participate in the CISV minicamp;
- authorising CISV personnel to provide consent for medical treatment as noted in Part 2 above;
- accepting my obligations and the release and conditions / terms noted in Part 3 above;
- all other permissions noted in Parts 4 & 5 above

I have signed this document on the date stated immediately below.

|  |  |                      |
|--|--|----------------------|
| Signature of <b>Parent or Legal Guardian</b> |  |                      |
|  |  | (Day / Month / Year) |

**PARTICIPANT** I, \_\_\_\_\_, have read through and completed this application to the best of my ability. I understand the purpose of and wish to participate in this CISV camp. I understand that drugs (including non-prescription drugs and alcohol), weapons, violent behaviour, and sex are STRICTLY prohibited at CISV activities. I will do my part to make this camp the best it can possibly be. I realize if I break the rules I could be sent home immediately, at my family's expense. I am prepared to engage in discussions on a wide variety of topics. I am aware CISV camps can be intense and some activities may bring out deep emotions.

|                                 |  |                      |
|---------------------------------|--|----------------------|
| Signature of <b>Participant</b> |  |                      |
|                                 |  | (Day / Month / Year) |