

# Community of Christ

## Canada East Mission

### Staff Registration and Information Form

We are delighted that you have chosen to attend this event. Before completing the rest of the enrollment form, please take a minute to read the following statement which summarizes our commitment to protect the personal information you share with us.

#### Privacy Policy

- We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on activities that we sponsor, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts.
- If at any time you wish to be removed from any of these contacts you can do so by phoning 888-411-7537, or via e-mail [vonda@communityofchrist.ca](mailto:vonda@communityofchrist.ca) and we will gladly accommodate your request.
- I have read the privacy policy of the Community of Christ and understand that the information I provide will not be shared with any outside party as outlined above.

I have read the privacy policy of the Community of Christ and understand that the information.	
Acknowledgement of above statement	I am over 18 years and responsible
Under 18 requires the Signature of Parent or Guardian	Signature

#### **NOTE:**

To register for the event, fill out this form electronically (signatures not required at this point) and “click” the **SEND** button – located on [page 8] of this document. This action will “officially” register you for the event.

**Saving your details:** You can also save the document and all details you have entered by jumping to [page 8] and clicking the “Save File As” button.

**NEXT STEP:** Print this document and **sign** all pages where indicated. The now **signed** copy of this document must be sent to the Event Registrar following the options below.

Submission Options:

- 1) Print, sign and scan all documents, then send the digital document package to the Event Registrar
- 2) Print, sign and Mail/Post the signed document package to the Event Registrar
- 3) Print, sign and bring the signed document package with you to the event

# Canada East Mission

## Staff Registration and Information Form

<b>Event Attending</b>		<b>Dates</b>	
<b>Location</b>			

Staff General Information				
Name				
Address				
Postal Code		Province/State		Country
Email Address				
Phone		<b>Mobile</b>		
<b>Special Skills and activities you enjoy directing/taking part in</b> – please outline any skills that you have (e.g. singing, crafts, etc.) and any activities that you enjoy and would support through participation at camp.				

EMERGENCY CONTACT/NOTIFICATION INFORMATION				
Name				
Address				
Postal Code		Province/State		Country
Relationship to Applicant				
Phone		<b>Mobile</b>		
Name				
Address				
Postal Code		Province/State		Country
Relationship to Applicant				
Phone		<b>Mobile</b>		

<b>Other Items:</b>				
<b>Note that NOT ALL CAMPS will provide shirts but we ask your size anyways.</b>				
Shirt Size:		Small		Medium
				Large
				Extra Large
				X/Extra Large

## Release and Waiver of Liability

***Please note that this Release and Waiver of Liability must be signed by the applicant, if of legal age or by the parent or guardian on behalf of any applicant who is not of legal age at the time of submitting this enrolment for event attendance and prior to attendance at event.***

**IN CONSIDERATION** of Community of Christ accepting me as a staff or CIT member I agree personally to this Release and Waiver of Liability.

**I understand that participation at camp involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are:**

- hazards related to travel in and on lakes and rivers;
- hazards relating to swimming facilities and in connection with water sports;
- hazards in connection with movement about camp and over uneven terrain;
- hazards in connection with camp sports activities;
- hazards in connection with travel to and from camp; and
- hazards in connection with the use of camp buildings and facilities.

I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversations, to lead me to become involved in any activity for which I have agreed to on any basis other than my assumption of the risks and dangers involved.

I personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my participation at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.

I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled in the courts of that Province.

Signature		Date	
<i>Under 18 years of age requires signature of Parent or Guardian</i>			

## **ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

FOR AND IN CONSIDERATION OF THE UNDERSIGNED CAMPER'S PARTICIPATION IN OFF-SITE SWIMMING ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITY, PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S) WAIVE, RELEASE AND RELINQUISH ANY AND ALL CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST THE COMMUNITY OF CHRIST, INCLUDING PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OCCURRING TO PARTICIPANT, ARISING OUT OF PARTICIPATION, AND/OR ACTIVITIES INCIDENTAL THERETO, INCLUDING ORDINARY NEGLIGENCE, WHENEVER OR HOWEVER THEY OCCUR AND FOR SUCH PERIOD SAID ACTIVITIES MAY CONTINUE, AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THAT PARTICIPANT (AND PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S), IF APPLICABLE) MAY HAVE ARE HEREBY WAIVED, RELEASED AND RELINQUISHED, AND PARTICIPANT (AND PARENT(S)/GUARDIAN(S), IF APPLICABLE) DOES(DO) SO ON BEHALF OF MY/OUR AND PARTICIPANT'S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

Participant's parent(s)/guardian(s), acknowledges, understands and assumes all risks arising out of the above referenced activity and related activities, and understands that participation in the activity involves risks and dangers, including but not limited to transportation to and from said activities, and bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to participant's person and damages which may arise therefrom, and that I/we acknowledge said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the Releasees. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in this release.

It is the purpose of this release to exempt, waive and relieve Releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of Releasees. "Releasees" include the Community of Christ, and its officers, directors, agents, affiliates and employees.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against Releasees, he/she shall defend, indemnify and save harmless Releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

PARTICIPANT (AND PARTICIPANT'S PARENT(S)/GUARDIAN(S), IF APPLICABLE) ACKNOWLEDGE THAT THEY HAVE BEEN PROVIDED AND HAVE READ THE ABOVE PARAGRAPHS AND HAVE NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT THEY ARE FULLY ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES DESCRIBED HEREINABOVE, AND UNDERSTAND THESE WAIVERS AND RELEASES ARE NECESSARY TO ALLOW THE EXISTENCE OF THE VOLUNTEER YOUTH ACTIVITIES.

Participants' Name			
Signature		Date	
<i>Under 18 years of age requires signature of Parent or Guardian</i>			

## PHOTO RELEASE

For and in consideration of the undersigned's participation in an activity sponsored by the Community of Christ, I, \_\_\_\_\_, hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Participants' Name			
Signature		Date	
<i>Under 18 years of age requires signature of Parent or Guardian</i>			

## SPECIAL PERMISSION REQUIRED

**For staff members who smoke:**

All Church sponsored Camps and Retreats are "No Smoking" events. However if you are addicted to nicotine and wish to attend this event but cannot refrain from smoking during the event, you are required to comply with the smoking regulations and/or restrictions which apply to this event. In most cases, event planners will establish designated times and locations during the event to accommodate those who need to smoke. You, as a smoker are required to respect these specific conditions and policies during the event.

I am a smoker and will comply

Participants' Name			
Signature		Date	
<i>Under 18 years of age requires signature of Parent or Guardian</i>			

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## Staff Information Form

### Medical Information

<b>Medical Information for</b>			
<b>Weight</b>		Applicants full name above	
<b>The following questions are for informational purposes only and are confidential. This information is required to help ensure that your health, safety and, if required, effective medical treatment are given correctly.</b>			
Allergy to foods, medications (if none, so state)			
Are you currently under a physician's care for any acute or chronic medical condition?	<b>Yes</b>		<b>No</b>
If yes, please explain			
Do you carry Non-prescription medication on your person? (if none, so state)	<b>Yes</b>		<b>No/None</b>
Medication(s) and purpose			
Do you require <i>prescription</i> medication? (if none, so state)	<b>Yes</b>		<b>No/None</b>
Medication(s) and purpose			
<b>Physician</b>			
<b>Phone Number</b>			
<b>Health Card Number</b>			
<small>Original Health card is required. If original Health Card is not shown at time of treatment additional non-refundable charges may be applied.</small>			
<b>Out of country health information</b>			
<b>Health Insurance Provider</b>			
<b>Phone Number</b>			
<b>Policy Holder's Name</b>			
<b>Address</b>			
<b>Group Number</b>		<b>Policy Number</b>	
<b>Other Information</b>			

<b>Health Information</b>							
Have you ever had any of the following? (Please check if Yes and provide month/year of latest occurrence)							
anaemia		appendicitis		asthma		bronchitis	chicken pox
diabetes		epilepsy		HIV		frequent colds	heart trouble
heart murmur		kidney trouble		measles		mumps	pneumonia
rheumatic fever		sinusitis		scarlet fever		sore throats	tuberculosis
whooping cough							
Fractures (describe)							
Other/Dates							
<b>Please list major operations or serious injuries (describe and give dates)</b>							

<b>What contagious disease(s) have you been exposed to recently?</b>

<b>Please check any of the following conditions that apply</b>							
Vision problems	<input type="checkbox"/>	hearing problems	<input type="checkbox"/>	hernia	<input type="checkbox"/>	fainting	<input type="checkbox"/>
diarrhoea	<input type="checkbox"/>	constipation	<input type="checkbox"/>	sleepwalking	<input type="checkbox"/>		<input type="checkbox"/>
Other/Dates							

<b>Recent emotional upset (death of loved one, divorce of parents) please explain</b>

<b>Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect your participation/experience at camp/retreat.</b>

**Permission for Medical Treatment**

I authorize any necessary medical treatment for myself. I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, medicines, ambulance, other)

Signature		Date	
<i>Under 18 years of age requires signature of Parent or Guardian</i>			

Please select one of the following below for Registration and completion of the forms.



