

Camp Location & Dates: KTEI, July 20 and 21, 2017

Participant Information: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: Male  Female

Do you self-identify as First Nations, Métis or Inuit: Yes  No  Date of Birth: \_\_\_\_\_ Grade as of September, 2017 \_\_\_\_\_

School Board: \_\_\_\_\_ School: \_\_\_\_\_

Contact for Camp Information: *\*Communications will primarily be sent by email, so please list an email address if you have one.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work/Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Emergency Contact Information: Same as Above? Yes  No  *\*If the first emergency contact differs from the person to whom camp communications should be sent, please list their name and contact information below. Otherwise skip to next section.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work/Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Emergency Contact Information: *\*Please include a second emergency contact.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work/Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Information: Health Card Number (*\*Include 2 Letter Version Code*): \_\_\_\_\_

Does your child have any special needs which require him/her to have one-on-one support? Please respond No or explain the special need.

No  Yes  \_\_\_\_\_

*\*Please Note: Due to our safety obligations, campers that require one-on-one attention will be expected to have an additional support person present at the camp, the arrangement of which is the responsibility of the parent/guardian.*

Does the participant have any medical conditions which would affect his/her ability to participate? Please respond No or explain the condition. No  Yes

\_\_\_\_\_

Do you have any allergies? Yes  No  If yes, please explain: \_\_\_\_\_

*\*Please Note: Skills Ontario staff **cannot** administer daily medication to participants; all daily medications must be self-administered.*

**Safety:** Your child's safety is our top priority and some camp locations may require participants to wear steel-toed work boots. Skills Ontario has a limited supply of these in various sizes that will be made available to campers if required.

Please provide the shoe size for your child: \_\_\_\_\_

#### Agreement to Participate Waiver

I understand that off-site field trips may be a part of the camp agenda. I hereby give my son/daughter permission to participate in all sanctioned events. I grant permission for my son/daughter to be bussed to off-site locations. I am aware that my child will benefit from the use of both fine and gross motor skills to participate in this camp program.

I have read and understand the rules and conditions of participation as set out on this form and I agree to them. Yes  No

Questions about this program? Please contact Skills Ontario Camps: 1.807.475-6462 or email [campmanager@skillsontario.com](mailto:campmanager@skillsontario.com)

Visit [www.skillsontario.com](http://www.skillsontario.com) for additional information on our cancellation and privacy policy.

#### Please submit this registration form to:

Attn: Brian Bisson, Kenjgewin Teg Educational Institute  
374 Highway #551, P.O. Box 328, M'Chigeeng, ON [Manitoulin Island] P0P 1G0  
Phone # 705-377-4342, Fax # 705-377-4379, Email: [BrianBisson@ktei.net](mailto:BrianBisson@ktei.net)