



# Hilliardton Marsh Research and Education Center - Summer Camp Application Form

## MARSH BANDITS SUMMER CAMP - Guardian Application

### SECTION A: Personal Information

Guardian's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*Last First Middle*

Camper's Full Name: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City Postal Code*

Primary Phone Number : \_\_\_\_\_ Secondary Emergency Contact: \_\_\_\_\_

WHICH WEEK OF CAMP WORKS FOR YOU (preference 1-2): **AUG 8<sup>th</sup>- 12<sup>th</sup> MARSH BANDITS RED** \_\_\_\_\_  
**AUG 22<sup>nd</sup>-26<sup>th</sup> MARSH BANDITS BLUE** \_\_\_\_\_

The fee for this weeklong Summer Camp is 200.00 CAD\$ or 150.00 CAD\$ for Marsh Members, and your child will bring home their own t-shirt. We accept cash or check, and payment will be expected prior to the first day of camp.

### Pick-up Information

Names of Primary Authorized Guardians: \_\_\_\_\_  
*Last First Middle*

I am responsible for dropping off my child around 8 am and picking them up at noon for the duration of Summer Camp

Is there anyone else that we can expect to assist with your child's transportation? YES NO Names: \_\_\_\_\_

### LIABILITY AND CONSENT WAIVER / Signatures

**SETTING-** Lands adjacent to the Hilliardton Marsh Research and Education Center and including a five-kilometer distance of the main HMREC property.

**PROGRAM/EXPERIENCE-** All programs offered by Hilliardton Marsh Research and Education Centre.

At HMREC we support children in becoming confident, capable people who have a sound sense of their abilities and interests and the capacity to take age-appropriate responsibility for their own safety. At times, these experiences also include parents and other caregivers. HMREC takes reasonable steps to manage and balance risks, while at the same time allowing children to play and discover. Program participants including staff, volunteers, adult family members and caregivers acknowledge its inherent risks of harm and personal injury. While minor injuries like bruises, bumps and scrapes are not uncommon, serious injuries are rare, and life-changing injuries and fatalities are unlikely in the extreme.

Still, as with almost any activity, indoors or outdoors, it is impossible to guarantee that they will not happen. You are required to accept this as a condition of your child's participation.

**RISKS -** The variety of risks is more than can be listed here and will vary depending on the program and season. Below is a list of some of the more significant risks:

- Injuries from executing strenuous and demanding physical activities
- Injuries resulting from the presence of harmful plants, natural loose parts, wild animals, and/or ticks

- Changing and inclement weather, including storms, high winds, and lightning
- The possibility that your child may not heed safety instructions or directions given to the group or delivered individually
- Injuries arising from the actions of other participants
- Negligence on the part of other participants
- That while the injuries sustained in outdoor activity are mostly minor, they can be severe, and on extremely rare occasions, even fatal
- That all rules are designed to enhance the safety of your child and are to be followed at all times
- That fire and open-fire cooking require special instructions and training from the facilitator
- That the risk of injury increases with fatigue

**Please check the spaces below that you agree to authorize**

I hereby authorize the representatives of HMREC to contact my child’s physician and/or to have my child taken to a hospital or health care facility in case of serious illness or accident involving my child.

YES NO

I authorize the administration of any necessary first aid treatments to my child in case of accident or emergency by HMREC staff or EMS providers.

YES NO

I give my permission to the representatives of HMREC to administer ESSENTIAL prescription medication which I provide, and which must be LABELLED and kept on hand for the use of my child (ie. Epi-pen, asthma inhaler, etc.).

YES NO

I have authorized HMREC to give children Benadryl for allergic reactions to my child if required, at the discretion of the first aid trained staff.

YES NO

In unstructured outdoor play, **your child will freely choose which experiences and activities and experiences they are comfortable engaging in.** They are under no obligation to participate in all experiences and may choose not to participate at any time during the program. **Please read and initial the following statements:**

This form is valid for one year, commencing on the signing date below. I have read the risk-benefit assessment summary for the program/experience.

**Initials: \_\_\_\_\_(required)**

I understand the need for myself and my child to listen to and follow the instructions provided.

**Initials: \_\_\_\_\_(required)**

I am aware that, alongside the benefits, participation involves risks, dangers, and hazards, including but not limited to those referred to in the risk-benefit assessment summary, and:

- Freely and voluntarily assume the risks, dangers, and hazards inherent in my child’s participating, including all those described in the risk-benefit assessment summary and the possibility of personal injury, and the remote possibility of fatality.

- Being satisfied that participation is suitable for myself or my child. I consent to participation.

**Initials: \_\_\_\_\_(required)**

I will notify program staff if my child suffers from any medical or health condition that may cause injury to my child or others or may require emergency medical care during their participation.

**Initials: \_\_\_\_\_(required)**

I certify that my answers are true and complete to the best of my knowledge. By completing and submitting the attached forms, I acknowledge that I am giving up certain legal rights and hereby represent and warrant to Hilliardton Marsh Research and Education Centre (HMREC) that I am registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

**Parent/Guardian Signature: \_\_\_\_\_**

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

We will contact you via email then phone to confirm your acceptance to the Marsh Bandits Summer Camp. We thank you for your interest and look forward to learning with your child this summer.

## Photo Consent

HMREC may wish to take photographs or videos of your child participating in HMREC programming for the purposes of promoting the business of HMREC, for educational purposes, and to document our adventures which may include posting on social media platforms. Please indicate below as to whether you consent or do not consent to HMREC taking and using such photographs and/or videos.

I consent to HMREC taking photos and videos and using them in promotional materials (both in print and online including Facebook and Instagram) and /or for educational purposes.

YES NO

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

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

**SECTION B: Camper Application- to be filled out by the Camper**

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

AGE: \_\_\_\_\_

Siblings (NAME, AGE): \_\_\_\_\_

What school do you go to? : \_\_\_\_\_

What grade are you in?: \_\_\_\_\_

What is the name of your teacher?: \_\_\_\_\_

How did you hear about HMREC'S Marsh Bandit's Summer Camp? \_\_\_\_\_

Do you like being outside and have an interest in bird banding? YES NO

What regional birds can you currently name and identify?

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**1. DESCRIBE YOURSELF AND YOUR INTERESTS!**

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**2. WHY DO YOU WANT TO ATTEND SUMMER CAMP?**

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**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to me being accepted in the Marsh Bandit's Summer Camp, I understand that I will be involved in Migration Monitoring Research, and that I will be asked to maintain a certain level of professionalism. I commit to following direction, and I understand that I may be asked to leave if my behaviour is inappropriate*

**Signature:** \_\_\_\_\_