UMS SUMMER CAMP 2022 REGISTRATION

Surname:	Given Name(s):	Age(s):	Sex:
Date(s) of Birth:	UMS Student: Y N	Nap: Y N (Precasa/Casa)	
Home address:			
Father's/Guardian Name:		Email Address:	
Cell phone:	Work phone:		
Mother's/Guardian Name:		Email Address:	
Cell phone:	Work phone:		
Authorized pick-up(other than j	parent):	Phone:	
Emergency contact(other than p	oarent):	Phone:	

Medical Information (allergies, asthma):

UMS Discovery Camp – Please circle and total the cost of the programs you want your child(ren) to attend. You must register at least one week prior to the start of your child's session (if space permits). Payment may be made by cash, postdated cheque or e-transfer & must be received by the Friday before the camp week begins. Children may be placed in a camp group according to age and/or the program they will be attending in the next school year. Please note that children may not have the same teacher as they do during the school year. **Camp fees are for 5 full days only AND INCLUDES BEFORE/AFTER CARE. Camp hours are from 8 a.m. to 5 p.m.**

I would like my child to participate in the lunch/snack program: Yes (Casa only –please add \$40 to the camp fee. Absolutely no refunds)

Session & Date	Theme	Pre-Casa children (18 mos. To 30 mos. Toddlers)	Junior Casa (30 mos. To 3.8 yrs Preschoolers)	Senior Casa Kindergarten Aged children 4-5	Junior Elementary Aged children 6-9	Total	Payment (office use only)
		(Lunch program included)	(Lunch program included)				
July 4-8 th	Wacky Week	\$290	\$280	\$205	\$205	\$	
July 11- 15 th	Myths, Legends & Tall Tales	\$290	\$280	\$205	\$205	\$	
July 18- 22 nd	Disney Delight	\$290	\$280	\$205	\$205	\$	
July 25- 29 th	World of Wonders	\$290	\$280	\$205	\$205	\$	
August 2- 5 ^{th*}	Holidays with a Twist	\$232	\$224	\$164	\$164	\$	
August 8- 12 th	Long, Long Ago	\$290	\$280	\$205	\$205	\$	
August 15-19 th	Creepy, Crawly, & Slithery	\$290	\$280	\$205	\$205	\$	

August 22-26 th	Movin' & Groovin'	\$290	\$280	\$205	\$205	\$	
22 20			**4 day week – I	price adjustment	made		
		****For pre-c	asa, we require	4 consecutive we	eks of registra	ation.	
		<u>Con</u>	sent of Parent	t(s)/Guardian	<u>(s)</u>		
		0	. ,.	an of the child/chil very Camp (UMSD			0 1
I/We have reading of the local test of t	8	adhere to the Cov	id-19 policies and	l procedures for th	e weeks my chi	ld/children	attend UMS
Parent(s) sign	nature:		Date	2:	, 2022		
Terms and Conditions							
-	-			provide <u>written</u> r ne child is withdra			-

(camp@uxbridgemontessori.com) Camp fees are refundable if the child is withdrawn 1 full week before the start of the camp session. A \$25 administration fee will be applied to any cancellations and changes. If a cheque is returned for any reason (eg. NSF), a charge of \$25 will be levied. All children must be picked up by the end of camp hours (5 p.m.). There is a late fee of \$5 per minute (per child) after the specified pick up time.

Assumption of Risk and Indemnifying Release

UMS staff and instructors will make every reasonable effort to minimize exposure to known risks. I/We understand that in registering my child in UMS Discovery Camp, my child/children will be involved in physical activities and that with any physical activity, there is a risk of injury. I/We hereby release the UMSDC, and its Directors, Employees, Volunteers and Agents, from all liability for damages sustained in consequence of loss, injury, or damage to myself or my child, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property including myself or my child arising out of, or connected with preparation for or participation in UMDSC programs or activities.

Additional Assumption of Risk and Release Regarding the COVID-19 Pandemic

I/we acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that my child, or the person I am legal guardian of, I could be exposed or infected by COVID-19 by participating by registering my child(ren) in UMS' camp program and dropping my child off the premises of UMS municipally known as 167 Main Street North, Uxbridge, Ontario ("UMS Campus"). Being exposed or infected by COVID-19 may particularly lead to injuries, diseases, other illnesses or even death. I, my child, or the person I am legal guardian of, agree to the requirements and recommendations of National, Provincial and local Public health and other governmental authorities and to those special safety regulations put in place by UMS as it pertains the Covid-19 Coronavirus and to adopt all necessary measures to those effects.

I VOLUNTARILY AGREE TO ASSUME THE RISKS DETAILED IN THIS DOCUMENT ASSOCIATED TO COVID-19, AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY FAMILY, MEMBERS IN MY HOUSEHOLD, MY CHILD(REN), OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT UMS' CAMP PROGRAM OR PARTICIPATION IN UMS PROGRAMMING.

ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS UMS, ITS EMPLOYEES, CONTRACTORS, VOLUNTEERS, AND ANY OTHER PERSON FOR WHO UMS MAY BE RESPONSIBLE IN LAW AND AGREE TO WAIVE ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION RELATED TO THE RISK OF CONTRACTING COVID-19 OUTLINED IN THIS DOCUMENT AND TO RELEASE UMS FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, EXPENSE OR INJURY INCLUDING HEATH THAT I MAY SUFFER OR THAT OF MY FAMILY, HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE MAY SUFFER AS A RESULT OF ME OR MY CHILD ENTERING ONTO THE UMS PROPERTY AND CONTRACTING COVID-19. I further agree to hold harmless and indemnify UMS from any and all liability for any illness or personal injury to any third party resulting from contracting COVID-19 by entering onto the property. Furthermore, should UMS or anyone acting on its behalf be required to incur legal fees and costs to enforce this agreement, I agree to indemnify and hold UMS harmless from all such fees and costs.

Authorization

I understand that this document is in addition to and does not replace all other UMS waivers I/We have provided complete and accurate health medication information and permit my child to participate in the full range of camp activities, except as noted by me in the health medication information section of the UMSDC registration form. In the event of an accident, injury or illness involving my child and immediate contact by the UMSDC with a parent/guardian cannot be made, I/We authorize and grant permission to UMSDC staff to secure proper medical treatment and authorize on my behalf all procedures, including admission to an emergency unit or hospital and treatment therein, ordering x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I/We agree not to hold the UMSDC responsible for any costs or injury arising out of an emergency situation.

The UMSDC may wish to use photographs, images or recordings containing my child's picture or image for promotional, advertising, public relations and/or informational purposes. Photographs, images or recordings may be used or published in UMS brochures, newsletters, posters and/or website/internet materials including social media.

I/We hereby consent to the publication of these photographs, images or recordings for promotional advertising, public relations or information materials, and acknowledge and confirm that these photographs, images, recordings and materials shall remain the exclusive property of UMS, who shall own the copyright and other intellectual property rights therein.

I/We declare having read and understood the above INFORMED CONSENT AGREEEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. I/We also certify that the information provided in this form I, to my/our knowledge, true and complete.

Parent(s) signature: _____

Date: _____, 2022