

ACCELERATED POTENTIAL ACADEMY INC.



APA CAMP REGISTRATION

Please complete one form per child. All information will be treated with discretion and confidence.

Camp Location: _____ 395 – 9th St. S.E. _____ Date of Registration: _____

Please circle which camp(s) you are registering your child to attend:

Reading Camp (9:00 a.m. – 12:00 noon): _____ (July 2021)

Writing Camp (12:45 – 3:45 p.m.): _____ (July 2021)

or

Math Camp (12:45 – 3:45 p.m.): _____ (July 2021)

CAMPER INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Name of Main Contact Person: _____ Cell Phone: _____

Camper's School: _____ Grade going into Sept 2021: _____

Camper's Date of Birth: _____ Age at time of application: _____

Alberta Health Care Number: _____ M or F (circle)

Name of Camper's doctor: _____ Phone: _____

Medical Information (e.g. allergies, medical conditions, etc.): _____

Does your child have any known **food** allergies? (please list) _____

Will your child be on medication during camp dates? Yes ☐ No ☐

*If your child requires the Camp Director to administer medication to him/her during camp hours, please sign the **Medication Permission Form on p. 7**.*

PARENT INFORMATION:

Mother's Last Name: _____ First Name: _____

Home Phone: _____ Cell and/or Work Phone: _____

Father's Last Name: _____ First Name: _____

Home Phone: _____ Cell and/or Work Phone: _____

Email (main contact): _____

EMERGENCY CONTACTS: (to be used only if parents are unavailable when contacted)

1. Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____ Home Phone: _____ Other Phone: _____

Contact's relationship to camper: _____

2. Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____ Home Phone: _____ Other Phone: _____

Contact's relationship to camper: _____

Behavioral Expectations for Campers

Each day campers participate in the Reading or Writing Method for one hour, sports and games for one hour, and reading or writing activities for the third hour. Math Camp follows a similar format. The leaders of each activity are positive and encouraging instructors who are trained to help your child establish, strengthen and enrich their reading, writing and/or math skills. Each section will have appropriate “mini-breaks” and, a chance to “stretch”. Campers are expected to have fun, and to interact with other campers and leaders with consideration and respect. Failure to comply with behavioral expectations will result in a communication with the Camp Director with a notification to the parent(s). If a second communication is required, the camper, parent(s), and Camp Director will have a meeting. If, in the opinion of the Camp Director, these issues cannot be resolved at this meeting and/or difficulties continue, the Camp Director will terminate the camper’s involvement with Camp. There will be no financial refunds for early termination of a camper’s participation in the program as a result of behavioral issues.

Behavioral Expectations for Camp Staff

It is the expectation that camp staff will provide a safe, enjoyable, and caring learning environment for campers. The leaders of each camp activity will inform campers of the particular expectations and acceptable behaviors on the first day of camp. Camp staff members are expected to remind campers of these expectations in a manner conducive to learning and positive growth. Camp staff members are expected to interact with campers and other staff with respect and consideration. It is expected that staff will respond to behavioral concerns of campers in a direct, low-key manner. The Camp Director will deal with escalating behavioral concerns.

Parental Expectations for Camp

As parents, what are some of your goals and expectations for this week of camp? _____

What do you consider to be the most significant **learning** needs of your child? _____

What do you consider to be the most significant **social** needs of your child? _____

**Thank you for taking the time to complete this form. If you have further questions please contact the Camp Director at (403) 866-3806.
E-mail: info@acceleratedpotentialacademy.com**

Please note: Camp registration will not be considered complete without a **SIGNED AND WITNESSED** Waiver Form.

All Registration forms must be accompanied by a cheque or payment can be made by Interac e-transfer for the full camp registration fee including GST. Once completed, please drop off or mail a copy to:

Accelerated Potential Academy Inc.
c/o 21 Sundown Bay SW
Medicine Hat, AB T1B 4W3

PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK

Note: Please read in full before signing. Permission for the participant to participate in the *Reading, Writing and/or Math Camp 2021* is conditional upon the provision of this signed Participant Risk Acknowledgement, Release of Liability, Waiver of Claims, and Assumption of Risk (“Release and Waiver”).

In consideration of Accelerated Potential Academy Inc. (“APA”) permitting:
_____(the “Participant”)
(child’s name)

to participate in the *Reading, Writing and/or Math Camp* program provided by APA, including any and all activities related to it (the “Activities”), the undersigned acknowledges and agrees, for themselves and on behalf of the Participant, that:

1. I am a parent and/or legal guardian of the Participant.
2. I have correctly read and completed all forms and documents pertinent to registration for the Activities.
3. I declare that the Participant is physically and emotionally able to participate in the Activities.
4. The APA Camp Director reserves the right to dismiss the Participant from the Activities for any reason whatsoever.
5. I agree to supply a photocopy of my current Alberta Health Care card showing current registration and copies of any other supplementary health care coverage such as Blue Cross or other.
6. The Activities involve risks and dangers to the Participant’s personal property (the “Property Risks”).
7. The Activities involve risks and dangers of bodily harm (the “Personal Risks”).
8. The Property Risks and Personal Risks and other dangers with the Participant may encounter during the Activities may be caused by:
 - a. the Participant’s own actions or inactions;
 - b. the actions or inactions of others participating in the Activities;
 - c. the conditions in which the Activities take place; or
 - d. the negligence of APA.
9. There may be other risks, including social, economic, and consequential losses and damages which may not be known to me or not readily foreseeable at this time (the “Other Risks”).
10. I fully accept and assume all such risks (including the Property Risks, Personal Risks, and Other Risks) and responsibility for all losses, costs, and damages of every kind which I and/or the Participant incur as a result of the Participant’s participation in the Activities.

11. I RELEASE AND FOREVER DISCHARGE APA, their respective insurers, administrators, agents, volunteers, employees, and other Participants (collectively, the “Releasees”) of and from any and all manner of actions, causes of action, suits, debts, sums of money, damages, costs, claims and demands of every nature, description and kind at law and in equity or under any statute, in any Canadian or foreign court, administrative body, mediation or arbitration proceeding, whether asserted or unasserted, relating to or arising from, directly or indirectly, the Activities and, without restricting the generality of the foregoing, the negligence of APA.
12. IF DESPITE THIS RELEASE, WAIVER, AND ASSUMPTION OF RISK I, or anyone else on my or the Participant’s behalf, makes any claim against APA or the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS APA and each of the Releasees from any and all litigation expenses, legal fees, losses, liability, damages, or costs of whatever nature which APA or the Releasees may incur as the result of such claim.

I sign this form being fully aware of and acknowledging all the conditions listed above.

Dated at _____, Alberta, this _____ day of _____ (month) of 2021.

Signature of Parent/Guardian

Print name of Parent/Guardian

(Full **name of** participant/**camper**)

Signature of Witness

Print name of Witness



This waiver must be completed and signed by a **parent** as well as a **witness**.

Fill out this form **ONLY** if your child requires medication while at camp.

Medication Permission Form



I, _____, hereby request and grant permission for my child _____, to receive his/her medication from the Camp Director, or designate. The medication is to be administered according to my wishes and the doctor's instructions.

The following are the names and amounts of medication to be administered:

Medication	Amount/Dose	Time to be Given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____

Date: _____