Engineering Outreach Participant Registration Form — Science and Engineering Community Camp

To register: Complete this form and return it to the main office.

The University of Toronto is pleased to offer this program free of charge for up to 60 participants per week. Participants may only register for one week.
Registration is on a first-come, first-served basis.
Registration will be confirmed by email (if provided) or by phone.

For more information: 416-946-0816 or outreach@ecf.utoronto.ca

Program Details
Time: 9:30am to 3:30pm
Supervision during drop-off and pick-up periods (9-9:30am and 3:30-4pm) is offered free of charge.

Ages: For students who have completed grades 2 through 8
Location: Dundas Street Public School

Week Requested:
Participants may only register to attend one week of camp.

I wish to register for the following week:

☐ Week 1 (shortened week): July 3-6
☐ Week 2: July 9-13
☐ Week 3: July 16-20
☐ Week 4: July 23-27

Participant Information
First Name: ____________________________________________
Last Name: ____________________________________________

Gender: ________________________________

Date of Birth (MM/DD/YYYY): ____________________________________________

Address: ____________________________________________
Street: ____________________________________________
City: ____________________________________________
Province: ____________________________________________
Country: ____________________________________________

School Name: ____________________________________________
School Board: ____________________________________________
Parent Information

First Name: _______________________________________________________________________

Last Name: _____________________

_______________________________________________________

Email address: ____________________________________________________________________

Cell phone number: ________________________________________________________________

Home phone number: ________________________________________________________________

Business phone number: _____________________________________________________________

Additional Emergency Contact

First Name: _______________________________________________________________________

Last Name: _______________________________________________________________________

Relationship to Participant: _________________________________________________________

Telephone Number: __________________________________________________________________

Health Information

Does the participant have any allergies or dietary restrictions? Please select: (Yes / No)

If yes, please provide more information about the participant's allergies and/or dietary restrictions:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Will the participant require any medical/behavioral/learning accessibility accommodations in

the classroom to support their success? Please select: (Yes / No)

If yes, please provide more information about how we can best facilitate:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
The participant identifies as Indigenous? (Yes / No)

I/we give permission for the participant to be photographed/video-recorded and these photos/recordings may be used for promotional purposes by the program and its partners.

Additional Information

__________________________________________________________________________________________________________________________________________________________________________________________________________

Telephone Number: __________________________________________________________________________

Relationship to participant: ______________________________________________________________________

First Name: __________________________________________ Last Name: __________________________________________

Pick Up Permission #1

First Name: ______________________________________________________________________

Last Name: ______________________________________________________________________

Relationship to participant: __________________________________________________________________________

Telephone Number: __________________________________________________________________________

First Name: __________________________________________ Last Name: __________________________________________

Pick Up Permission #2

First Name: ______________________________________________________________________

Last Name: ______________________________________________________________________

Relationship to participant: __________________________________________________________________________

Telephone Number: __________________________________________________________________________

First Name: __________________________________________ Last Name: __________________________________________

Additional Information

I/we give permission for the participant to leave the program. Please select: (Yes / No)

The participant is at least 12 years old and I/we give permission for my/our child to leave on his/her own at the end of the session. Please select: (Yes / No)

In addition to the Parent and Emergency contacts listed on this form, the following individuals may pick-up my child from the program. All pick-up designates must present photo identification when picking-up a child.

Pick Up

I/we give permission for the participant

Leave on Own Permission

TORONTO UNIVERSITY OF ENGINEERING
Informed Consent Agreement

I/we the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in hands-on science activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions of others, or a combination of both. I/we understand that the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake that my child will abide by these rules and regulations. I/we hereby WARRANT that my/our child is physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I/we agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or THE FACULTY OF APPLIED SCIENCE AND ENGINEERING (FASE), their directors, officers, employees, agents, and volunteers, shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, his/her participation in those activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University, FASE, their directors, officers, employees, agents, and volunteers.

NEGLIGENCE OF THE UNIVERSITY, FASE, their directors, officers, employees, agents, and volunteers, shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, his/her participation in those activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University, FASE, their directors, officers, employees, agents, and volunteers.

If I/we answered “yes” to the photo permission question on this registration form, I/we give permission for my/our child to be photographed or filmed for promotional purposes.

Parent/Guardian Name: _____________________________________________________________

Date: ____________________________________