Ages: For students who have completed grades 2 through 5.

Location: Dundas Street Public School

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

First Name: _______________________________________

Last Name: _______________________________________

Gender: __________________________________________

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

Address: _______________________________________________________________________

Street: _______________________________________________________________________

City: ____________________________

Province: ____________________________

Country: _______________________________________________________________________

School Name: ____________________________________________

School Board: ____________________________________________

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. Registrations will be confirmed by email (if provided) or by phone.

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

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.

Time: 9:30am to 3:30pm

Supervision during drop-off and pick-up periods (9:00-9:30am and 3:00-3:30pm) is offered free of charge.

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Program Details

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To register: Complete this form and return it to the main office.
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
If yes, please provide more information about the participant’s allergies and/or dietary restrictions: (Yes / No)

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

If participant requires any medical/behavioural/learning accessibility accommodations in the classroom to support their success? Please select: (Yes / No)

If participant requires any medical/behavioural/learning accessibility accommodations please provide more information: ________________________________________________________________
The participant identifies as indigenous? (Yes / No)

(Yes / No)

Photos/recordings may be used for promotional purposes by the program and its partners.

I/we give permission for the participant to be photographed/video-recorded and these

Additional Information

________________________________________________________

Telephone Number: _________________________________________________________________

Relationship to participant: ________________________________________________________

_____________________________  ______________________________________________________________________

First Name                   Last Name

Pick Up Permission #1

________________________________________________________

Telephone Number: _________________________________________________________________

Relationship to participant: ________________________________________________________

_____________________________  ______________________________________________________________________

First Name                   Last Name

Pick Up Permission #2

________________________________________________________

Telephone Number: _________________________________________________________________

Relationship to participant: ________________________________________________________

_____________________________  ______________________________________________________________________

First Name                   Last Name

Pick Up Permission #1

Identification when picking-up a child. My pick-up designates must present photo

In addition to the Parent and Emergency contacts listed on this form, the following individuals

his/her own at the end of the session. Please select: (Yes / No)

The participant is at least 12 years old and I/we give permission for my/our child to leave on

Leave on Own Permission

Engineering

UNIVERSITY OF TORONTO
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.

I/We agree to allow my child to receive basic first aid/medical care from instructors certified in first aid or trained medical professionals if necessary. I/We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. I/We also certify that the information provided in this form is, to my/our knowledge true and complete.

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: ____________________________________