



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 grade: **2 through 7.**

Location: John Polanyi Collegiate Institute

Week Requested:

Participants may only register to attend **one week** of camp.

I wish to register for the following week:

Week 1: July 9-13

Week 2: July 16-20

Week 3: July 23-27

Participant Information

First Name: _____

Last Name: _____

Gender: _____ **Grade (completed in June 2018):** _____

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 participants allergies and/or dietary restrictions: _____

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

If participant requires any medical/behavioural/learning accommodations please provide more information about how we can best facilitate: _____



Leave on Own Permission

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)

Pick Up

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 Permission #1

First Name: _____

Last Name: _____

Relationship to participant: _____

Telephone Number: _____

Pick Up Permission #2

First Name: _____

Last Name: _____

Relationship to participant: _____

Telephone Number: _____

Additional Information

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.
(Yes / No)

The participant identifies as indigenous? (Yes / No)

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, while acting within the scope of their duties. 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/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, while acting within the scope of their duties. 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: _____

Parent/Guardian Name: _____

Date: _____