



Room 2081, SEB, UWO, London, ON, N6A 5B9
Tel: (519) 661-2111 x 88826 Email: discover@uwo.ca
www.eng.uwo.ca/outreach

Participant's Name:				Date of Birth://
	First	Last		mm/dd/yy
Mailing Address:				Male 🛘 Female 🗖
City:	Postal	Code:	Home Phone:	·
Email:				
Returning Camper?	Yes □ No □	T-shirt Size (child sizes	s): S M L	XL
How did you hear abo	ut us?:			
EMERGENCY CONTACT	INFORMATION / CH	ILD PICK-UP INFORMATION		
Parent/Guardian Infor	mation:			
Name:		Phone: (h)	(w)	(cell)
Name:		Phone: (h)	(w)	(cell)
Other Emergency Cor	ntacts (At least one):		
Name:		Phone: (h)	(w)	(cell)
My child is authorized	to leave Discovery	Western: 🛚 on their ow	n (only if the child	d is 13 or older)
☐ With only the follow	ing individuals (pho	oto ID will be required):		
		·		

Please CIRCLE the camp you wish to attend (grade indicates the grade to be ENTERED in September 2018)

Camp curriculum is noted below as A, B or one of our specialized weeks – these weeks all have unique curriculum so that you can register for multiple weeks of camp.

Camp Acronyms

- A Curriculum A
- B Curriculum B
- J4G Just for Girls Week
- EV ENGventors
- M Maker
- E2 Engineering & Entrepreneurship

London									
Comp Data	Camp Grade								
Camp Date	SK-1	SK-2	2-3	3-5	4-6	4-8	6-8	7-8	
WEEK 1: July 3-6	А		А		А			E2	
WEEK 2: July 9-13	В		В		B J4G			А	
WEEK 3: July 16-20			EV		М			В	
WEEK 4: July 23-27	Α		А		А			J4G	

WEEK 5: July 30-Aug 3	В		В		В			М
WEEK 6: Aug 7-10		А		EV		J4G	М	
Week 7: Aug 13-17		В		М			А	
Week 8: Aug 20-24	А		А		А			А

	Satellite camps						
Camp Date	·	Camp Grade					
- Location	SK-2	3-5	4-6	6-8			
August 7-10 (Port Elgin)		А		А			
August 13- 17 (Sarnia)	А	А		М			
August 20- 24 (Huron- Kinloss)			В				

Please note that we may offer multiple groups of 2/3 and 4/5/6 classes. If you wish your child to be with another friend/sibling please indicate their name here:________. We will do our best to accommodate but offer no guarantees. If not indicated on this form then no accommodations will be made for your child.

HEALTH INFORMATION

1.	Does your child have any serious illness or health concerns the instructors should be made aware of? ☐ YES ☐ NO If yes, please explain
2.	Does your child have any exceptionalities we should be made aware of?
3.	Does your child take medications that we should be aware of? ☐ YES ☐ NO If yes, please explain
4.	Are there any other concerns (including behaviours) we should be made aware of? ☐ YES ☐ NO If yes, please explain

PAYMENT INFORMATION Please indicate what week/weeks you would like to register your child for: London Camps Weeks 1 and 6 (only SK-2) = \$180 x # of weeks you have registered for___ Week 1: E²: Engineering & Entrepreneurship = \$225 Weeks 2-8 (Curriculum A or B) = \$225 x # of weeks you have registered for___ ENGventors (Week 3) = \$260 Maker Camp (Week 3, 5 & 7) = \$275 x # of weeks you have registered for___ ENGventors, Just for Girls and Maker Camp (Week 6) = \$225 Just for Girls (Week 2 & 4) = \$260 x # of weeks you have registered for___ Sarnia Camps Grades 3-5 Curriculum A = \$200 Grades 6-8 Maker Camp = \$250 Port Elgin

Cheque attached in the amount of ______: ☐ (Please make cheques out to 'Discovery Western')

☐ Curriculum A = \$200

☐ Curriculum B = \$200

Early drop-off (8:00am to 9:00am) at \$20/camp ☐ YES ☐ NO Late pick-up (4:00pm - 5:00pm) at \$20/camp ☐ YES ☐ NO

Huron-Kinloss

Extended Care

CAMP POLICY ON REGISTRATION DEPOSIT, CANCELLATIONS & CHANGES

A 20% non-refundable administration fee is applied to all cancellations made 10 business days prior to camper's start date. All cancellations must be submitted in writing. No refunds will be issued to cancellations made less than 10 business days prior to the camper's start date. No refunds will be made in the event of university closure. If you choose to change camps (either week, location or age group) this must be submitted in writing a least 10 business days prior to the camper's start date and a \$15 administration fee will be charged. Campers are not permitted to switch camps less than 10 business days prior to their start date unless there are extenuating circumstances as approved by the Director of Discovery Western and the Outreach Programs Coordinator of Western Engineering.

PRIVACY POLICY

Western Engineering collects the personal information of program participants and their parents or guardians under the authority of The University of Western Ontario Act, 1982, as amended, and uses it to process applications and administer and operate safe and organized programs for our participants. Western Engineering uses the information to register participants in the program as well as address potential health concerns. In the event of an emergency, we will disclose information to emergency medical personnel and to the emergency contact provided on your registration form. Western Engineering may also use parent/guardian contact information to provide details about upcoming programs and events. If you do not wish to be notified of future offerings from Western Engineering, please contact us. Photos and videos of participants may appear on television, web sites, brochures, newspapers, posters and other media to promote Western Engineering and/or The University of Western Ontario, unless you check the opt out box below.

INFORMED CONSENT AGREEMENT

I/We the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in hands-on engineering 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 ern ny s, ed ng

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 Weste Ontario, 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 a way resulting from, his/her participation in those activities, unless such injury, loss or damage is caused by the sole negligence of the University, their directors, officers, employee 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 trainmedical 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.						
☐ I do not consent to my child appearing on telev	ision, websites, brochures, newspapers, posters and othe	r media.				
I have read and understand the Camp Policy on R hereby consent to have my child participate.	egistration Deposit, Cancellations & Changes, Privacy Pol	icy and Informed Consent Agreement and				
Printed name of Parent/Guardian	Signed by Parent/Guardian	Date (dd/mm/yyyy)				