

## DISCOVERY WESTERN G.R.E.A.T. Retreat REGISTRATION FORM 2018

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								
City: Posta																												
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2.	☐ YES ☐ NO If yes, please explain																											
3.																												
4.	I. Are there any other concerns we should be made aware of? ☐ YES ☐ NO  If yes, please explain																											





Date (dd/mm/yyyy)

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PAYMENT INFORMATION	
Please indicate what week/weeks you would like to regis	ster your child for:
G.R.E.A.T. Retreat: \$175	
Cheque attached in the amount of: $\square$ (I	Please make cheques out to 'Discovery Western')
be issued to cancellations made less than 10 business days prior to the camper's start d (either week, location or age group) this must be submitted in writing a least 10 business	ATIONS & CHANGES s days prior to camper's start date. All cancellations must be submitted in writing. No refunds will ate. No refunds will be made in the event of university closure. If you choose to change camps days prior to the camper's start date and a \$15 administration fee will be charged. Campers are there are extenuating circumstances as approved by the Director of Discovery Western and the
amended, and uses it to process applications and administer and operate safe and operate sa	ir parents or guardians under the authority of The University of Western Ontario Act, 1982, as organized programs for our participants. Western Engineering uses the information to register in emergency, we will disclose information to emergency medical personnel and to the emergency ardian contact information to provide details about upcoming programs and events. If you do not is and videos of participants may appear on television, web sites, brochures, newspapers, posters ario, unless you check the opt out box below.
and may result from one's own actions, or the actions of others, or a combination of bot participants and hereby undertake that my child will abide by these rules and regulation <b>choice</b> to participate brings with it the <b>assumption of those risks and results</b> which Ontario, their directors, officers, employees, agents, and volunteers, shall not be liable for way resulting from, his/her participation in those activities, <b>unless</b> such injury, loss or dagents, and volunteers, while acting within the scope of their duties. I/We agree to allow	participation in hands-on engineering activities. These types of injuries may be minor or serious h. I/We understand that the <b>rules and regulations</b> are designed for the safety and protection of its. I/We hereby <b>warrant</b> that my/our child is physically fit to participate and understand that the are part of these activities. I/We agree that the Governing Council of the University of Western or any injury to my child or loss or damage to my child's personal property arising from, or in any amage is caused by the <b>sole negligence</b> of the University, their directors, officers, employees, w my child to receive basic first aid/ medical care from instructors certified in first aid or trained <b>Informed Consent Agreement</b> in its entirety and hereby consent to participate acknowledging knowledge, true and complete.
☐ I do not consent to my child appearing on television, websites, broch	ures, newspapers, posters and other media.
I have read and understand the DW Policy on Registration Deposit, Cane hereby consent to have my child participate.	cellations & Changes, Privacy Policy and Informed Consent Agreement and

Signed by Parent/Guardian

Printed name of Parent/Guardian