

DISCOVERY WESTERN

June PD Day Camp REGISTRATION FORM 2018

Room 2081, SEB, UWO, London, ON, N6A 5B9

Tel: (519) 661-2111 x 88826 Fax: (519) 661-3808 Email: discover@uwo.ca
www.eng.uwo.ca/dw

PAYMENT INFORMATION

Please confirm what items you would like to register your child for:

June 8, 2018

- Junior Engineers (Grades 1-3) June 8th | 9am-4pm: **\$45**
- Inspiring Inventors (Grades 4-8) June 8th | 9am – 4pm: **\$45**

June 29, 2018

- Junior Engineers (Grades 1-3) June 29th | 9am-4pm: **\$45**
- Inspiring Inventors (Grades 4-8) June 29^h | 9am – 4pm: **\$45**

Additional add-ons:

- Extended Care: Includes both early drop-off (8am-9am) & late pick-up (4pm-5pm)/session: **\$10 x _____**
- Pizza Lunch: A slice of pizza, juice box & a bag of chips: **\$5** (if ordering multiple slices, please note here x _____)

Confirm type of pizza: Pepperoni CheeseCheque attached in the amount of _____: (Please make cheques out to 'Discovery Western')

DW POLICY ON REGISTRATION DEPOSIT, CANCELLATIONS & CHANGES

A \$25.00 non-refundable registration deposit applies per participant when they are registered. After that to receive a refund, all cancellations must be submitted in writing at least 10 days prior to the participant's start date. No refunds will be issued to cancellations made less than 10 days prior to the participant's start date. No refunds will be made in the event of university closure.

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 our office at 519.661.3429. Photos and videos of children 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. If you have any questions about Western Engineering's collection, use or disclosure of personal information, please contact the Associate Director, External Services, Faculty of Engineering, The University of Western Ontario at 519.661.3429.

INFORMED CONSENT AGREEMENT

I/We the undersigned, hereby acknowledge that certain **risks of injury** are inherent to participation in hands-on engineering and 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 Western Ontario, Discovery Western or Actua, 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, Discovery Western or Actua, 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.

I do not consent to my child appearing on television, websites, brochures, newspapers, posters and other media.

I have read and understand the DW Policy on Registration Deposit, Cancellations & Changes, Privacy Policy and Informed Consent Agreement and hereby consent to have my child participate.

Printed name of Parent/Guardian_____
Signed by Parent/Guardian_____
Date (dd/mm/yyyy)