



Explorer Hop

Where Kids Learn about Money & the World

Complete form and email scanned copy to hello@ExplorerHop.com BEFORE June 21, 2018

Summer Camp 2018 Registration Information

Please select which week(s) your child is registered to attend:

Week 1: July 3-6 (Bayview & Eglinton)		Week 4: July 23-27 (Evergreen Brickworks)	
Week 2: July 9-13 (Bayview & Eglinton)		Week 5: July 30 – Aug 3 (Bayview & Eglinton)	
Week 3: July 16-20 (Bayview & Eglinton)		Week 6: Aug 13 -Aug 17 (Steeles & 404)	

Camper Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Age when camp starts: _____ Date of Birth.: _____ Grade in School (September 2018) + School Name _____

Does your child need before / after care? Camp hours are 9am – 3.30pm. YES NO

Does your child have allergies that requires the use of an EpiPen? YES NO

Is your child able to leave the camp on their own? (Only applicable to campers over the age of 12) YES NO

If yes, please describe _____

Does your child require any further assistance due to behavioral, physical or psychological circumstances? YES NO

Parents are required to send 2 EpiPens with their child.

If yes, explain: _____

Parent (/ Guardian Information

Name : _____ Address: _____
Tel (Work) _____ Tel (Cell):: _____
Email _____ Relationship to camper : _____

Name : _____ Address: _____
Tel (Work) _____ Tel (Cell):: _____
Email _____ Relationship to camper : _____

Who is Authorized to pick up the Camper?

Please list the names of people authorized to pick up the camper. Name listed MUST match the legal ID of the person picking up or the camper will not be released to them.

Full Name: _____ Relationship: _____
Telephone: _____

Full Name: _____ Relationship: _____
Telephone _____

Full Name: _____ Relationship: _____
Telephone: _____

Participation in Daily Blog during Camp

During our camp, we keep a daily blog where we share what we did during the day. This blog is posted on ExplorerHop.com. The purpose of the blog is to share with parents / guardians what the child was doing at camp. Children are not identified by name on the blog. Photos or videos published may be used by Explorer Hop for marketing purposes in the future.

Would you like to get updates about your child's day through the blog? YES NO

Health and Fitness Liability Waiver /Informed Consent

I understand that I have enrolled my child mentioned above in this summer camp. The camp involves physical exercise, dancing and other sports or recreational activities.

I hereby affirm that my child is in good physical condition and does not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

In consideration of my child's participation in this program, I, hereby release Explorer Hop, it's parent company and its agents from any claims, demands, and causes of action as a result of my child's participation and enrollment.

I fully understand that my child could injure his/her self as a result of participation in these activities and release Explorer Hop and its agents from any liability now or in the future for conditions that my child may obtain. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that my child may incur, including death.

I agree with the above statement.

YES

NO

Portable Device / Phone Policy for Campers

Explorer Hop has a strict policy of campers not using their portable devices, laptops or phones during the regular camp hours (9am – 3.30pm). We strongly recommend your child leaves their devices at home. If for any reason your child needs to carry their phone / devices, these need to be in their backpacks during the camp hours. Explorer Hop and it's agents do not assume responsibility for devices which are lost, stolen or damaged.

If you wish to reach your child during camp hours, please contact the Camp Director.

I agree with the above statement.

YES

NO

Lunch, Snack and Water Policy

All campers must come with a nut free snack and 3 snacks. We do not have facilities to refrigerate meals or warm meals up, so all meals must come ready to eat.

All campers must bring a re-usable water bottle. Water from the tap will be available for refilling the water bottles through the day.

We urge parents to not send single use plastic containers or water bottles with their child.

I have read the above statement.

YES

NO

Medical Information

Does the child have any medical issues or allergies we should be aware of? Please list treatment plan. YES NO

If Yes, please explain:



OHIP Card Number _____

Name of Doctor: _____ Doctor Tel : _____

Address of Doctor: _____

Is your child's immunization up to date? YES NO

If No, please explain



Is your child able to participate in all camp activities? YES NO

If No, please explain



Is your child allergic to any type of food or medication? YES NO

If Yes, please explain



Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YES NO

If Yes, please explain

All medication need to be provided in the original packing to camp staff. We are not able to administer any medication that does not have a pharmacy label attached to it. Children should not keep medication in their backpacks.

Is camp staff able to administer the following over-the-counter Medicines to your child. Tylenol, Anti-Septic cream, After Bite, Bee Swab? YES NO

Do you give the camp staff permission to call emergency services to treat your child? All ensuing charges will be assumed by the legal guardian of the child. YES NO

I understand that I or one of the contacts listed above will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of 911 and the providing of necessary medical services in the event my child is injured or becomes ill.

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
		Yes/No
		Yes/No
		Yes/No
		Yes/No

Disclaimer and Signature

I affirm that I have fully read the above information and indemnify Explorer Hop, the parent company Bridgefield, all it's agents and the agents of the locations where the camps are held from any responsibility or damage.

Signature: _____ Date: _____

Before & After Care Registration

Please complete this section only if you need Before / After care.

Camp Hours are 9.00 – 3.30pm.

Before and after care are available at the following rate:

8.00am – 9.00am: \$40/week
 3.30pm – 5.45pm: \$70 /week

Please note there is no care available after 5.45pm. The facility closes at 5.45pm and all children need to be picked up by then. There is a separate charge of \$50/day for all children who are not picked up by 5.45pm. This is a charge that is levied on us by the facility.

I need the following additional care for my child.

Before Care (8am – 9am) Yes No

After Care (3.30pm - 5.45pm) Yes No

Camp T-Shirt Order

While not mandatory, we strongly recommend all campers come to camp in the camp t-shirt as this allows us to easily identify them. T-Shirts are mandatory for the July 23-27 Future Farmers Camp.

Each T-shirt is \$20 and is available on the 1st day of camp for pick up.

Please select the number of t-shirts and the size you would like (Write X in the box).

Number of T-shirts	Size: Youth Small	Size: Youth Medium	Size: Youth Large	Size: Adult Small	Size: Adult Medium	Size: Adult Large
1						
2						
3						
4						
5						

I authorize Explorer Hop to charge my Credit Card with the necessary charges for Before / After Care and for the T-Shirts ordered.

Name on Card: _____

Type of Card: Visa / Mastercard **Card Number:** _____

Expiry Date: _____ **CVV code (Back of the card)** _____

Signature: _____

The following is only for participants in Future Farmers Camp (July 23 – 27)

Crops grown in the farm

During the week, campers will have a lot of interaction with the crops grown in the farm. We currently have the following crops in the field. We do find that children do tend to pick a leaf and try it. While the camp does encourage this exploration, we rely on you to tell us if there are any plants that your child is allergic to / should not taste.

List of crops grown	<p>Are there any crops that your child should not taste / touch or come into contact with? Please Specify which ones and why.</p> <p>If left blank, the camp will assume no restrictions.</p>
<ol style="list-style-type: none"> 1. Peas 2. Amaranth 3. Basil 4. Lettuce 5. Strawberries 6. Nasturtium 7. Pak Choy 8. Mint 9. Sorrel 10. Corn 11. Hops 12. Beans 13. Thyme 14. Chard 15. Alfalfa 16. Broccoli 17. Radicchio 18. Radish 19. Kale 20. Sage 21. Rosemary 22. Cilantro 23. Oregano 24. Parsley 25. Honey 26. Dill 	

“Future Farmers is the most innovative camp in Toronto”