



**EDUCO**  
adventure school

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## Chaperone Registration Form- Group Bookings

**PLEASE ENSURE THAT ANY ACCOMPANYING ADULT COMPLETES THIS FORM (PARENTS, TEACHERS, LEARNING AIDS, DRIVERS THAT ARE STAYING AT EDUCO FOR THE PROGRAM, ETC). YOUR PERSONAL INFORMATION IS NEVER GIVEN OUT TO A THIRD PARTY UNLESS REQUIRED BY A MEDICAL EMERGENCY.**

Name \_\_\_\_\_ F  M

Group/School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/ZipCode \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Birthdate (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_

Have you been to Educo before? Yes  No

If so, when and with which group? \_\_\_\_\_

### Would you like to continue to be part of the Educo Community?

Educo sends out newsletter updates with information about events related to the Educo Community (including links to photos, upcoming camps, clean up weekends, fundraising events) via email. We will not share this information with any other individual or organization. Please sign here if you would like to receive email communications from Educo Adventure School:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### EDUCO PHOTOGRAPHS AND/OR VIDEO RELEASE AND AUTHORIZATION

I consent to the use or reproduction by Educo Canada of any photographs or video of myself for the promotion of Educo Adventure School.

yes  no

**PLEASE COMPLETE THE MEDICAL FORM AND WAIVER AS WELL.**

# Chaperone Medical Information

All information on this form will be treated as confidential. The purpose of this form is to assist our staff in preparing for the course and in case of medical emergencies. Accurate and complete information is essential.

## IN CASE OF EMERGENCY:

COMPLETE ALL PARTS OF THIS SECTION - THIS IS CRITICAL INFORMATION  
IF EMERGENCY CONTACT INFO IS REPEATED FROM PAGE 1 - PLEASE FILL IN AGAIN, THANK YOU!

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Your Medical Services Plan #: \_\_\_\_\_

Name of Your Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

OVERALL PHYSICAL CONDITION:  Excellent  Good  Fair  Poor

DATE OF LAST TETNUS INOCULATION OR BOOSTER: D\_\_M\_\_Y\_\_

### PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS:

What medications, if any, have you taken in the last 6 months?

What medications, if any, do you expect to be bringing with you?

**\*PLEASE PROVIDE WRITTEN INSTRUCTIONS FOR THE DISPENSING OF ALL MEDICATIONS**

**CHRONIC DISABILITIES, ILLNESSES OR ALLERGIES:** (i.e. asthma, emphysema, hay fever or other allergies, diabetes, epilepsy, nosebleeds, fainting, high blood pressure, heart condition, etc.)

**HISTORY OF INJURIES:** (i.e. broken limbs, tendonitis, bursitis, sprains, dislocations, over-use injuries.)  
Please include date of injury.

**EYESIGHT:**  Good  Poor  \*Glasses  \*Contacts

**\*Important:** Please also bring spare eye-glasses and contacts for out trips!

**PLEASE LIST ANY PHYSICAL, EMOTIONAL OR PSYCHOLOGICAL LIMITATIONS:**

**WHAT IS YOUR SWIMMING ABILITY?** Like a:  Fish  Dog  Rock

**PLEASE LIST ANY SPECIAL DIETARY NEEDS: VEGETARIAN?**  Yes  No

**ANY OTHER INFORMATION OR COMMENTS?**



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**Educo School** - a B.C. non-profit Society ( herein called "Educo" )

**PARENT/GUARDIAN/STUDENT - WAIVER RELEASE AND INDEMNITY:**  
**PLEASE READ CAREFULLY** By signing this you acknowledge you understand this waiver and  
**YOU GIVE UP ALL YOUR LEGAL RIGHTS TO SUE FOR INJURIES OR LOSS CAUSED BY**  
**NEGLIGENCE OF THE TRUSTEES, INSTRUCTORS, STAFF OR VOLUNTEERS**

WE, the undersigned applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Educo, its instructors, volunteers, members of the Board of Trustees, directors and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in any of the activities of Educo or related activities and not withstanding that the same may be caused or contributed to by the negligence of the instructors, volunteers, members, trustees, directors and agents of Educo.

**\*WE consent to the risks such as loss of property or harm to our persons associated with these activities.** \_\_\_\_\_ **Initial**

\*WE understand that many of the activities of Educo have inherent hazards and the instructors **cannot guarantee everyone's safety at all times.** \_\_\_\_\_ **Initial**

\*WE understand that hiking, rock climbing and rappelling in the wilderness conditions with forests, rocks, wild animals is hazardous and unexpected events happen so that injury or death may occur \_\_\_\_\_ **Initial**

\*WE understand that canoeing and other water related activity is hazardous and unexpected events can happen so that injury or death may occur. \_\_\_\_\_ **Initial**

\*WE understand that Educo assumes no liability or responsibility for injury or loss to my person or my property and that **I am responsible for my own safety** and We are responsible for all costs of rescue or medical attention. WE, the undersigned applicant, parent/guardian hereby acknowledge that there are property damage and personal injury risks associated with the activities at Educo. \_\_\_\_\_ **Initial**

**\*WE acknowledge and accept these risks.** WE release and discharge Educo, its instructors, volunteers, members, directors, agents and Board of Trustees from any claim, action or damage arising out of the applicant's activities while at Educo. \_\_\_\_\_ **Initial**

**In Witness thereof**, and in the presence of at least one witness who has signed below, I have hereunder set my hand this \_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
**SIGNED by participant (chaperone)**

\_\_\_\_\_  
**Print participant (chaperone) name**

\_\_\_\_\_  
**Witness --Sign**

\_\_\_\_\_  
**Print Witness Name**

**If the above participant (chaperone) is a minor: A minor (any individual under the age of nineteen years) must have the consent of his or her parent or legal guardian, who must also sign below on behalf of the minor (please ensure both minor and guardian sign).**

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE MINOR:**

\_\_\_\_\_ ( print applicant's name ). In consideration of Educo allowing the above named minor/applicant to take part in adventure activities, I the PARENT/GUARDIAN of the minor/applicant agree to indemnify and hold harmless Educo, its servants, agents or employees from any claims or demands which might be made against it arising out of or in consequence of the attendance or participation of the above named minor/applicant in the various Educo activities, and as his/her parent or guardian I sign on his/her behalf below:

\_\_\_\_\_  
**Parent/Guardian – SIGN**

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Witness --Sign**

\_\_\_\_\_  
**Print Witness Name**