

# THE WINDSOR INTERNATIONAL WRITERS



## Young Author's Summer Camps!

### Registration Form

#### ATTENDEE INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M  F

Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

Doctor Phone Number: \_\_\_\_\_

Allergies: Yes  No

If yes, please specify any prescriptions and/or instructions required.

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Are there any other medical or behavioural conditions we should be aware of? Yes  No

If yes, please specify:

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Carries EpiPen: Yes  No

Wears Medic-Alert Bracelet:  Yes  No For: \_\_\_\_\_

**CAMP CONTACT INFORMATION**

Producer: Pam Goldstein – 519-730-0315  
Email: pamelajeangoldstein@gmail.com  
Alternative Email (Robin Martin): booga338@hotmail.com

**PARENT GUARDIAN CONTACT INFORMATION**

**PRIMARY CONTACT**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Gender: M  F   
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

**SECONDARY CONTACT**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Gender: M  F   
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

## CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to the Windsor International Writers Young Authors Camp. Each Registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the Board and staff of the WIW.

I hereby agree that any behaviour of the Registrant that places him/herself or others at risk may result in the Registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the Registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the WIW reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct.

Parent or Guardian Signature:

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Registrant Signature:

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**PARENTAL / GUARDIAN PERMISSION**

**Field Trips**

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I give permission for my child to attend planned walking tours associated with the Windsor International Writers Young Authors Writers Camp.

**Assumption of Risk and Indemnifying Release**

While the Windsor International Writers Young Authors Summer Camp staff, volunteers and instructors will make every reasonable effort to minimize exposure to known risks, I hereby acknowledge that my child is able to participate in various physical activities, including field trips, walking to nearby sites, etc., except as specifically noted by me in the health information section of the camp registration (where applicable). In consideration for the Registrant’s opportunity to participate in the camp, I hereby release and forever discharge the Windsor International Writers and the Young Authors summer camp, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the program.

**Medical Emergencies**

In the event of an accident, injury or illness involving the Registrant, and immediate contact by the Windsor International Writers and Young Authors Summer Camp when a designated contact cannot be made, I hereby authorize and grant permission to the staff to take the Registrant’s to a local hospital emergency clinic or call the physician named. I agree not to hold the Windsor International Writers Young Authors summer camp responsible for any costs or injury arising out of an emergency situation.

**Photo and Video Consent, Assignment and Release Form**

For marketing, advertising, promotional and/or communication purposes, the Windsor International Writers may, from time to time, take photographs and/or video recordings of camp based activities or events that include real people, which photographs and video recordings will be placed in the Windsor International Writers Photo Bank and which may be uploaded to the Windsor International Writers website, Facebook, Twitter page or YouTube channel.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you and/or your child (whether posed or candid) by the Windsor International Writers Young Authors Summer Camp, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the Windsor International Writers. You may ask to see the photographs and video and you can request that certain photos or video not be used.

**SIGNATURE**

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Photo and Video Consent Assignment and Release Form, Assumption of Risk and Indemnifying Release statement, and Medical Emergencies statement.

Date: \_\_\_\_\_

Camper's / Registrant's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

**WELCOME TO OUR WRITERS CAMP**

We'd like to get to know you a little better! Please take a few minutes to fill out this form so that we can build our program around your interests! You will also use this form to present yourself to the other campers on the first day of camp. Have fun!

My name is \_\_\_\_\_ and I am \_\_\_\_\_ years old. I am in grade \_\_\_\_\_ at \_\_\_\_\_.

My favourite subjects in school are:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

My favourite movie(s) is/are:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

In my spare time, I like to:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I chose to come to this camp because:

\_\_\_\_\_  
\_\_\_\_\_