Great Lakes Cultural Camps
2332 Wikwemikong Way
Wikwemikong, Ontario, P0P 2J0
V.705.942.9909
info@culturalcamps.com
www.culturalcamps.com

Health Form

Great Lakes Cultural Camps is committed to delivering unique and exciting learning experiences that lead to positive growth and development in all individuals, groups, organizations and communities. Because of the physical nature of our programs, and because most programs take place in the outdoors, all participants are required to provide accurate health and medical information. In cases where there is some concern about one's ability to participate for health reasons, a medical examination by a physician may be advisable. Please note that Great Lakes Cultural Camps is not liable for any costs incurred during such an examination. All health information will be will be held in the strictest confidence, and personal information will not be disclosed unless as required by law or with your consent.

Please complete all sections:

Name of Group_____

Dates of Program_____

Name of Participant_____

Date of Birth _____

Home Address _____

City _____Postal Code _____

Cell #_____Home #_____

Email address _____

OHIP # _____

Emergency Contact Name: _____Relationship _____

Home Address: _____City: _____ Postal Code _____

Phone # (daytime) _____ (evening) _____

Medical Questionnaire:	**YES**	**NO**
Do you understand by attending or participating voluntarily, the risks associated with COVID-19? The individual (or the individual's parent/guardian, on behalf of the individual (when applicable) agrees to assume those risks, including but not limited to exposure and being infected.	_____	_____
Do you agree to notify GLCC immediately if you or anyone in your household experiences, any signs or symptoms of COVID-19 after submitting this document, immediately isolate, notify the Organization, and not attend any of the Organization's activities, programming or services until at least 10 days have passed since those symptoms were last experienced.	_____	_____

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Medical Questionnaire (Continued)

	YES	No
4. Do you suffer from or have suffered?		
-Do you have any immuno-compromising conditions……	_____	_____
-Do you have any chronic respiratory illnesses etc……	_____	_____
-Heart Disease (angina, stroke, or other)……	_____	_____
-Epilepsy……	_____	_____
-Hemophilia……..	_____	_____
5. Do you suffer from or have you suffered? - serious allergies (including nuts, peanuts, biting insects, cold induced anaphylaxis, or any others)……	_____	_____
6. Have you ever suffered or do you suffer from any other medical issue or injury that may affect you on your course?.....	_____	_____

If yes, please describe:

7. Are you presently taking medication which could alter your physical or mental faculties?.....	_____	_____
8. Are you pregnant?.....	_____	_____
9. Are you a nervous, weak or non-swimmer?.....	_____	_____

10. Please list any disabilities, special needs, recent injuries, illnesses or operations and any subsequent limitations:

11. Please describe any previous emergency treatment (injection, doctor, emergency room, hospital) in detail:

NOTE: Please remember to bring your own Epipen(s) if required.

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Assumption of Risk and Responsibility Form

Great Lakes Cultural Camps programs can utilize activities which require a high level of physical activity. As a participant, you may be involved in activities such as: cooperative games, trust exercises, group initiative tasks, tribal games, canoeing, outdoor winter activities. Great Lakes Cultural Camps utilizes an "I-OPt" design philosophy in all of its programs. This means that Great Lakes Cultural Camp staff will provide a variety of mentally and physically challenging activities and that you will be empowered to make choices about your own level of involvement. Great Lakes Cultural Camps is committed to ensuring your safety at all times. Our staff will provide you with safe instruction, high quality equipment, and appropriate supervision for all activities. You must do your part by following all safety policies and procedures that are outlined during the course of the program.

Participant Name: _____Group Name:_____

Participants (and parent/guardian if under 18) must read and initial all of the following statements:

Initials

eg. AW

_____ I agree NOT to use illegal drugs or alcohol at any time during a Great Lakes Cultural Camps program.

_____I accept the fact that neither Great Lakes Cultural Camps nor its staff can guarantee my total safety because some risks are beyond their control.

_____I agree to follow all instructions given by the staff and to act safely and responsibly at all times.

_____ I am sufficiently fit (socially, mentally, physically) to participate in this program.

_____I have completed the Health & Safety Form with information that is accurate, complete and true to the best of my knowledge.

_____I agree to notify Great Lakes Cultural Camps of changes to my health and fitness that occur during the program.

_____I fully comprehend and willingly assume the risks and responsibilities of participation in this program.

I/we have read the above information, and agree to the terms of the Assumption of Risk and Responsibility.

PARTICIPANT Signature: _____ DATE: _____

PARENT/GUARDIAN Signature (if under 18): _____ DATE: _____

Please copy out the following statement in your own hand writing

I DECLARE THAT I HAVE READ, UNDERSTAND AND ACCEPT EACH PARAGRAPH OF THIS AGREEMENT

_____

PARTICIPANT Name:_____

PARTICIPANT Signature: _____DATE: _____

PARENT/GUARDIAN Signature (if under 18): _____ DATE: _____

Witness – Signature of Great Lakes Cultural Camps Staff Only_____

Photo Release: Occasionally Great Lakes Cultural Camps will take photos for use in promotional materials.

Y ☐ N ☐ I give permission for photos or video tapes of me (or my child) to be used by Great Lakes Cultural Camps for promotional material.

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Student Agreement

I will adhere to the "buddy" system. I will, at all times work with my buddy to ensure our mutual safety when participating in activities.

I understand that if required at various times on or around the cultural camp I may be asked to fill the responsibilities of a "safety person" and I will be diligent to perform this function. I understand that I will be trained to serve this function at the beginning of the journey or course when necessary.

I will report any and all personal injury, any illness or physical discomfort to the course director, guide or instructor.

I will discuss any and all safety concerns I might have with the guide, instructor, or course director and I acknowledge that I will never be coerced or compelled to perform any act with which I do not agree or feel safe.

I will at all times conduct myself in accordance with the best safety interests of the group and I accept that due to any wilful safety violations on my part, I may be asked to sit out of the course or leave the journey and I agree to do so.

I will work cooperatively with the guide, leader, instructor and course director especially in the event of a crisis.

I will report any and all equipment damage to the guide, leader, instructor or course director.

I will refrain from illegal drug use while on GLCC program.

I will bring appropriate clothing, including cold-weather protection and personal safety equipment, personal medication required to the journey or course.

I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT. I UNDERSTAND THIS DOCUMENT AND I AGREE TO ABIDE BY THE STANDARDS SET FORTH IN THIS DOCUMENT.

_____ _____

(Participant signature) (Date)

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Dietary Restrictions

Meals at GLCC are wholesome, well balanced and enjoyable. The menu is familiar and nutritious and conforms to the Canada's Food Guide recommended daily servings. Fresh produce and dairy products are delivered regularly. Snacks and fruits are available throughout the day.

Although we cannot guarantee special meals at all times during the program, we will try to accommodate most dietary needs. However, it is ultimately your responsibility to make your requests known locally and be aware of what foods you are consuming. While we are able to provide balanced meals for vegetarians, we regretfully cannot accommodate vegan or kosher diets.

I request special meals: _____ (YES or NO)

The following foods are NOT acceptable (please circle)

RED MEAT ☐ CHICKEN ☐ FISH ☐ EGGS ☐ MILK ☐

Other:

Allergies TO SPECIFIC FOOD:

Participant Name: