

Reels in the Rockies
11 Celtic Road NW
Calgary, AB
Canada
T2K1S6



Tel: 403-520-0059
E-mail: info@reelsintherockies.com
Web: reelsintherockies.com

CAMPER HEALTH AND ALLERGY FORM

Please be as thorough as possible as this information is to be shared with Camp Directors, Counselors and all staff involved with your child.

Camper Name:

Date of Birth:

Alberta Health Care # (or comparable if from out of province)

Health Insurance (name and policy #)

Parent 1 Information

Name (first & last):

Street:

City, Prov, Postal /Zip Code:

Country:

Home Telephone:

Cell:

Parent 2 Information

Name (first & last):

Home Telephone:

Cell:

Family Physician

Name (first & last):

Street:

City, Prov, Postal /Zip Code:

Country:

Telephone:

Emergency Contact (if parents cannot be contacted)

Name (first & last):

Relationship of Emergency Contact:

Home Telephone:

Cell:

Please note that all medication & vitamins must be kept in our office (excluding inhalers and epi-pens). Please keep all medications in their original containers.

Prescription medication must have the following on the label:

- complete name of patient
- date prescription filled
- expiration date
- name and address of pharmacy
- name of prescribing physician
- directions for use (if any) and storage (if any)

Non-prescription medication must have the following on the label:

- complete name of patient
- authorization and instructions of use (from parent or physician)

Over-the-Counter Medicine: If deemed necessary (ie. headaches, menstrual cramps etc) by the authorized RITR staff, please check (✓) if you approve the use of the following over-the-counter medicine.

~~////~~ Tylenol (Acetaminophen) ~~////~~ Advil (Ibuprofen) ~~////~~ Gravol ~~////~~ Benadryl
(antihistamines)

If NO, what would be an appropriate alternative?

Are all immunization up to date (ie. Diphtheria, tetanus)? *~~////~~ YES * ~~////~~ NO

Last Date of Tetanus Toxoid:

My child wets the bed: ~~////~~ YES ~~////~~ NO

If yes, would you like your child woken up once after bedtime to use the washroom? ~~////~~ YES ~~////~~ NO

Please indicate if your camper has had any of the following:

Chicken Pox	Appendectomy	Mumps	Measles Red	Diabetes	Operation(s) recent
Eczema	Hepatitis	Measles German		Tonsillitis	Heart condition
Rheumatic Fever		Serious Injury recent		Seizures	Asthma
Ear infections frequent		Sinusitis		Whooping Cough	Kidney Disease
Sleep walking	Hay Fever	Fainting	Sun Sensitivity	Eating Disorder	

Reels in the Rockies

Tel: 403-520-0059

E-mail: info@reelsintherockies.com

Web: reelsintherockies.com

Please provide more details:

Please describe all medications, injections or treatments required while at camp including type, dosage and time (attach separate sheet if necessary):

Please describe any special physical or emotional conditions or other information that would be useful for us to know:

General Advice to be shared with Camp Counselor in terms of limitations to activities etc.:

Diet Restrictions (i.e. vegetarian, diabetic, lactose free etc.):

Has your dancer started menstruation yet?

If so, please ensure your camper has the necessary products for their stay at camp. If menstruation has not occurred yet, please discuss with your dancer about what to expect in case it happens at camp for the first time.

Please describe any recent or significant fractures, sprains or orthopedic conditions?

Does your dancer require any orthopedic devices, taping, bandaging while at camp? If so, please ensure they bring them and know how to do it themselves.

Is your dancer able to participate in strenuous dance, outdoor and camp activities?

Reels in the Rockies

Tel: 403-520-0059

E-mail: info@reelsintherockies.com

Web: reelsintherockies.com

ALLERGIES

This section must be completed if your camper has a serious allergy we should be aware of. Please be as thorough as possible.

Allergen (eg. Peanuts, gluten, dairy, insect bites, hayfever)	Symptoms/Most serious reactions to date (eg. Itching, hives, trouble breathing)	History of Prior Medical Attention (i.e. Emergency admittance to the hospital, Epi-pen /Allerject, prescription or non-prescription medication, family doctor, specialist)	Regular Precautions (i.e. avoidance, regular medication, medication as required, emergency measures on hand.) If taking regular medication, please indicate dosage and instructions.
1. _____ Please Select One: _ Minor (eg. Itching, sneezing) _ Major (eg. hives, vomiting) _ Life Threatening (eg. trouble breathing, anaphalactic)			
2. _____ Please Select One: _ Minor (eg. Itching, sneezing) _ Major (eg. hives, vomiting) _ Life Threatening (eg. trouble breathing, anaphalactic)			
3. _____ Please Select One: _ Minor (eg. Itching, sneezing) _ Major (eg. hives, vomiting) _ Life Threatening (eg. trouble breathing, anaphalactic)			

If more room is required, please attach a second sheet with necessary details.

I understand that should my child require either EpiPen, Allerject, Ventolin or other specific medications related to their allergy, I will provide the required medication and permit for it to be administered if necessary by RITR staff or a medical professional.

Date:

Signed:

Reels in the Rockies

Tel: 403-520-0059

E-mail: info@reelsintherockies.com

Web: reelsintherockies.com

Medical Release: To the best of my knowledge, this camper is in good health and has not been exposed to any infectious diseases in the past four weeks. If she or he becomes exposed to any infectious diseases between now and the time of departure for camp or has any change in medical health, I will inform the camp in writing prior to his/her arrival. In the case of surgical emergency and we are not immediately available for consultation, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the above named child. I also authorize any physician currently treating my child or who has treated my child in the past or any hospital or institution in which my child has received treatment to release any medical information concerning my child's previous or current medical history or condition to the directors of the camp/or any physician selected by them to treat my child pursuant to the authorization given herein. I hereby agree that any matters arising out of my child's stay at Goldeye Camp with Reels in the Rockies or his/her medical treatment, including any relationship with a physician or hospital, shall be governed by the laws of the Province of Alberta and I hereby submit to the exclusive jurisdiction of the courts of the Province of Alberta in that regard.

Liability Release: I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless Cara O'Loughlin, Mark O'Loughlin, Reels in the Rockies Irish Dance Adventure Camp and their respective attorneys, officers, employees, directors, instructors, volunteers, and if applicable, owners and lessors of premises used to conduct the Camp (hereinafter collectively referred to as "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Camp, including any claim arising out of or connected with any activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages on any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signed (Parent 1) _____

Print Name _____

Dated _____

Signed (Parent 2) _____

Print Name _____

Dated _____

Reels in the Rockies

Tel: 403-520-0059

E-mail: info@reelsintherockies.com

Web: reelsintherockies.com

Reels in the Rockies
11 Celtic Road NW
Calgary, AB
Canada
T2K1S6



Tel: 403-520-0059
E-mail: info@reelsintherockies.com
Web: reelsintherockies.com

CODE OF CONDUCT

Policies and Expectations for Reels in the Rockies Campers

Please read and review the following with your camper:

At Reels in the Rockies, we are committed to making camp a safe and supportive environment that allows campers to become more self-assured and accepting of others. In order to help fulfill this commitment we have a number of policies and expectations with regard to camper behaviour while at camp. We review these in detail with campers when they arrive at camp. There are a number of these policies and expectations that we wish you to review with your camper prior to their arrival. We need to ensure we have the full understanding and support of our families and our campers in this regard.

1. Alcohol and Drugs - No camper may possess or consume any alcoholic beverages on Camp property or while in the Camp's charge. No camper may possess or use non-medicinal drugs on the Camp property or while in the Camp's charge. Any camper found breaking these policies will be dismissed from camp.

2. Smoking – Campers are not permitted to smoke or to have cigarettes or e-cigarettes in their possession. Any camper found smoking in any building or bunk cabin will be dismissed from camp. Campers found smoking elsewhere or having cigarettes in their possession will have their parents notified and may, at the discretion of the Director, be dismissed from Reels in the Rockies.

3. Lights Out - After lights out, campers are expected to stay in their bunks for their own safety. Campers found outside their bunk cabin after this time, without a legitimate reason, will have their parents notified and may, at the discretion of the Director, be dismissed from Reels in the Rockies.

4. Harassment - No bullying or harassment of any kind - physical, verbal, sexual or emotional will be tolerated. Campers who break this policy may, at the discretion of the Director, be dismissed from Reels in the Rockies.

These policies will be strictly enforced to ensure the safety and well being of campers and to maintain the positive atmosphere of Reels in the Rockies. Where any camper is dismissed from Reels in the Rockies, any portion of unused camp fees will not be refunded.

Parent signature:

Camper signature:

Print name:

Print name:

Date:

Date:

Reels in the Rockies
11 Celtic Road NW
Calgary, AB
Canada
T2K1S6



Tel: 403-520-0059
E-mail: info@reelsintherockies.com
Web: reelsintherockies.com

TEACHER PERMISSION FORM

Reels in the Rockies has received Open Dance Camp Status from An Coimisiun le Rinci Gaelacha. All the dancers that attend our camp are exempt from all associations.

Instructors will not be correcting or adjusting dancer's competitive material but rather running drills to work on technique and teaching show steps.

If you have any questions or concerns, please feel free to contact us at our information above.

Dancer name :

Teacher(s) name :

Dance school :

By signing below, I agree that the above student has my permission to attend Reels in the Rockies Irish Dance Adventure Camp.

Teacher Signature:

Date:

Reels in the Rockies
11 Celtic Road NW
Calgary, AB
Canada
T2K1S6



Tel: 403-520-0059
E-mail: info@reelsintherockies.com
Web: reelsintherockies.com

MEDIA RELEASE

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN

I am the parent/guardian of _____
(print full name of child) ("My Child"). I hereby grant Reels in the Rockies and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videos of My Child, or in which My Child may be included in whole or part, or reproductions thereof in colour or otherwise for any lawful purpose whatsoever, including but not limited to use in Reels in the Rockies advertising, social media or websites, without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless Reels in the Rockies, Cara O'Loughlin, Mark O'Loughlin and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videos, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

THIS IS A RELEASE OF LEGAL RIGHTS.

READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

(Both parents, if possible)

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

☐ **CONSENT:** We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

☐ **NON CONSENT:** We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

(Mother/Guardian's Signature) (Date)

(Mother/Guardian's Printed Name) (Primary Phone Number)

(Father/Guardian's Signature) (Date)

(Father/Guardian's Printed Name) (Primary Phone Number)

Koda's Challenge Information Letter

Thank you for your interest in the Koda's Challenge Course experience! Our goal is to create a valuable and memorable experience for every group that comes out. We work hard prior to your arrival to set up a program and get you all the pre-course information. To help us help you achieve your goals, here are a few things you will need to know prior to using the course:

Who May Participate?

An individual with a completed Waiver Package

A group minimum of 6 people

Climbing Wall:	6 years and older
High Team Course & Giant Swing:	8 years and older
High Static Course & Zip Line:	14 years and older

Koda's Challenge has a weight restriction for your safety and that of others; please refrain from participating on the elements if you are 250lbs or over.

If you have any physical conditions that are of concern to you or if you have a disability, please inform us and note it on the "Medical Information Form" so that we may work with you in performing activities safely.

Attire for participants:

- Suitable for the weather conditions (consider mud, rain, cold, etc.)
- Comfortable, casual, durable
- Pants or shorts (mid-thigh) empty pockets
- Long or short sleeved shirts (sleeveless not permitted)
- Hair must be tied back
- Comfortable closed toed shoes (runners/cross-trainers)
- Jewelry and Watches should be left in a safe place

Eyewear, Hearing Aids, and Medical Devices

Use normal precautions for participating in outdoor activities to protect these items.

Alcohol, Tobacco, Gum and Candy Produces

Not allowed on the courses or during activities (for safety reasons)

If you have consumed alcohol, you will not be permitted to go onto the courses or participate in activities.

Koda's Challenge has a **ZERO TOLERANCE** policy in regards to alcohol consumption before and/or during the program.

Weather

Programs will generally continue rain or shine. However, in the event of severe weather, the program staff will stop all high and low course activities, and will discuss suitable options for the group with the group's leader.

Risks	Prevention	Solution/Treatment
1. <i>Getting hit by a falling object.</i>	Be alert. Look up before walking near or under the course. Wear a helmet.	Inform staff of injuries for assistance.
2. <i>Hair, clothing, or jewellery getting caught in pulleys or other parts of the challenge course.</i>	Have long hair tied back. Remove rings, dangling earrings, watches, etc., and wear proper clothing (i.e., avoid loose sleeves).	If caught, remain calm and ask staff for assistance.
3. <i>Injuries or discomfort caused by improper wearing of harness.</i>	Tie harness as secure as possible and check for any loosening throughout the day. Have tied harness checked by 2 different staff members.	If you have any questions or doubts, ask staff for assistance.
4. <i>Scrapes and cuts.</i>	Climb within abilities. Wear proper clothing.	Inform staff of any injuries.
5. <i>Death or serious injury.</i>	Wear proper safety gear. Check to see if carabiners are secure. Make sure belayer is ready BEFORE you climb.	Inform staff of any injuries.

Information and Medical Release Form

Failure to complete all portions of this form accurately could result in injury or compound the damage of an existing injury.

I. General Information (please print clearly)

Name _____
Address _____
Prov/St _____ Postal /ZIP _____ Country _____
Primary Phone _____ Alternative Phone _____
Male () Female () Height _____ (ft / cm) Weight _____ (lbs/ kgs) Date of Birth _____
Group Name _____ Room Number _____

II. Medical Information

Person to be notified in case of emergency _____ Relationship _____
Primary Phone _____ Alternative Phone _____
Address _____
Prov/St _____ Postal /ZIP _____ Country _____
List any medicines to which you are allergic _____

List any other allergies (food, insect bites, poison ivy, etc.) _____

Are you allergic to bee stings? Y N If yes, do you carry medicine? Y N
Name of medicine _____ Nature of reactions _____

III. Medical History

1. Name any illness or condition for which you are now undergoing treatment and list any medications that you are currently taking _____

2. If you have had any of the following conditions, state the year of occurrence and the body location in which it occurred:

Hernia _____ Fracture _____
Dislocation _____ Sprain or Strain _____

3. Name any injury, illness, or disability not mentioned, and year of occurrence _____

4. If you have, or have had any of the following symptoms or conditions, circle "Yes", underline specifics, and provide sufficient details on the lines below. If not, circle "No".

a) Are you a transplant recipient?	Yes	No
b) Cardiac disease/condition	Yes	No
c) Active orthopaedic problem	Yes	No
d) Atlantoaxial Instability (AAI)	Yes	No
e) Abdominal organ enlargement	Yes	No
f) Are you pregnant?	Yes	No

g) Do you have any medical condition for which your doctor has advised you to limit the physical activity you do? Yes / No

(*Please note that any information provided to us about your medical conditions will be kept entirely confidential. Your group will not know what you have revealed however, it is very important that you advise us of any of the above conditions because participating in the Challenge Course can have adverse and potentially severe consequences for these conditions.)

Provide any details in regard to any questions to which you have circled "Yes" _____

5. If you have a disability, please indicate your needs in the following section (e.g. toileting, mobility) _____

IV. Insurance

We do not provide sickness or accident insurance for participants. Therefore, it is each participant's responsibility to be covered by his/her own hospitalization policy.

1. Hospitalization or medical policy _____

2. Alberta Health Number _____

V. Signature

I am aware of my past and present health and fitness in relationship to strenuous activity. I fully understand the rigorous nature of the Ropes Course Experience. In the event of an accident or emergency that renders me unable to communicate, I grant my permission for any medical care, operations, and/or anaesthesia that might become necessary. _____ (initial)

I have read and understand the risks listed on the reverse side of this page and how to avoid them and agree to take an active part to protect myself and my fellow participants during this activity. _____ (initial)

I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to myself or others. _____ (initial)

I agree to respect the rights and feelings of the other participants and staff and to act in a supportive and caring manner during my participation of this event. _____ (initial)

I understand that I should do nothing that may harm the environment or its natural beauty, so that anyone that follows me may enjoy what nature can provide. _____ (initial)

I understand that I have the right to not participate if I do not feel physically or emotionally safe. _____ (initial)

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully and understand all aspects of this release form and agree to its term in its entirety. _____ (initial)

I acknowledge that during my participation in Koda's Challenge, my photograph may be taken and used for commercial purposes by the Goldeye Centre. _____ (initial)

I have read all of this Informed Consent and understand that I may be dismissed from participation for refusing to follow any of the above.

Signature of Participant

Date

(Parent/Guardian if under 18)

Date