

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 | |

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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?

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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: <input type="checkbox"/> Minor (eg. Itching, sneezing) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphalactic)			
2. _____ Please Select One: <input type="checkbox"/> Minor (eg. Itching, sneezing) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphalactic)			
3. _____ Please Select One: <input type="checkbox"/> Minor (eg. Itching, sneezing) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> 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:

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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 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 _____

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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 behavior 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:

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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:

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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)