

REGISTRATION FORM SUMMER CAMP 2026

Regular Ordinary Associate

Name: _____

Birth date: _____ Age: _____ **Must be 6 as of 1 July 2026*
Month/Day/Year

Address: _____
Street

City Province Postal Code

Email: _____

Parent or Guardian Name: _____

Home Phone Number Work Phone Number Mobile Phone Number

Please CHECK the week of camp you would like to register for. The week with * is a shortened week.

- | | |
|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Week 1 – July 6 - 10 | <input type="checkbox"/> Week 5 - August 4 - 7* |
| <input type="checkbox"/> Week 2 - July 13 - 17 | <input type="checkbox"/> Week 6 - August 10 - 14 |
| <input type="checkbox"/> Week 3 - July 20 - 24 | <input type="checkbox"/> Week 7 - August 17 - 21 |
| <input type="checkbox"/> Week 4 - July 27 - 31 | <input type="checkbox"/> Week 8 - August 24 - 28 |

Emergency Information

Emergency Contact: _____ Home Phone: _____

Relation to Child: _____ Work Phone: _____

Alternative Contact: _____ Home Phone: _____

Relation to Child: _____ Work Phone: _____

Health Card Number: _____ Version Code: _____

Doctor's Name: _____ Phone Number: _____

Allergies

Is your child allergic to any of the following?

- | | |
|-------------------------------------|----------------|
| <input type="checkbox"/> Drugs | Comments _____ |
| <input type="checkbox"/> Foods | _____ |
| <input type="checkbox"/> Bee stings | _____ |

- | | |
|----------------------------------|----------------|
| <input type="checkbox"/> Animals | Comments _____ |
| <input type="checkbox"/> Peanuts | _____ |
| <input type="checkbox"/> Other | _____ |

Additional Health Information

Please state any physical or behavioural challenges that may be useful to the Staff.

Does your child receive any medication? Yes No

Illness/Condition	Medication	Dosage	Time of Day

Authorization

My child has my permission to attend all the swim sessions during Summer Camp. _____
Initial

I understand that in registering my child for Summer Camp, they will be involved in physical activities and with any physical activity; there is a risk of injury. In an emergency, I authorize the physician in the emergency care facility selected by the staff to secure proper treatment for the child named above. _____
Initial

I allow my child's photo to be used for publicity purposes. These photos may be taken during activities on CFB Borden that are part of Summer Camp. _____
Initial

Safe Arrival & Departure Program: All campers must be signed in every morning and out every evening. **Only** the parent/guardian who signed a camper in will be permitted to sign a camper out unless otherwise stated on the sign-in/out form. Additional charges of \$5 for each 10 minutes past 5:00 pick-up will apply. _____
Initial

Full refunds for medical, military-related reasons will be authorized before the program start date, after the start date refunds will be prorated. All other Full refund requests must be received five business days before the start of the program, after the start date refunds will be prorated. No refund will be issued if more than 50% of the program has elapsed. _____
Initial

I have read and understand the epi-pen and medication procedures as outlined in the 2026 Summer Camp Guide. _____
Initial

Summer Camp is a nut-aware camp, please do not send any nut products in your child's lunch. _____
Initial

I have read and understand the Inclusion Support Process at Camp as outlined in the 2026 Summer Camp Guide _____
Initial

This form may be duplicated. _____
Initial

Signature of Parent/Guardian: _____ Date: _____

SAFE DEPARTURE AUTHORIZED INDIVIDUALS SUMMER CAMP 2026

All campers must be signed in every morning and signed out every evening. Only the authorized individuals listed on this form will be permitted to sign a camper out. Photo identification **MUST** be shown.

Child's Name: _____

PLEASE PRINT CLEARLY

FIRST AND LAST NAME	RELATIONSHIP TO CHILD	PHONE NUMBER	ALTERNATE PHONE NUMBER



INCLUSION SUPPORT PROCESS AT CAMP

PSP Recreation is committed to creating a safe and inclusive environment where participants can participate regardless of their situation. The purpose of the Inclusion Support Process is to better identify the participant's needs and to determine specialized support when it is indicated or requested. The purpose of this process is to identify and trigger alerts for additional support prior to the commencement of the program. The goal of this process is to help initiate an orientation process to better support the participant and to develop a support plan that can be implemented during the program.

At PSP, we recognize the importance of inclusion and strive to make all our recreation programs accessible to everyone. However, there may be times when specific program objectives, such as safety or specialized instruction, make it difficult to accommodate certain individuals or groups.

We understand the importance of providing support to families and children who may not be able to participate in our recreation programs due to limited resources or program objectives that do not allow for inclusion. In such cases, we aim to provide alternative options that may be more suitable for their needs. This could include referring families to other community resources or programs that may be able to meet their specific requirements.

For the Borden Community Recreation 2026 Summer Camp Program, four Inclusion Facilitators will be part of our team of staff. This will provide 4 spots for inclusion support per week at the camp. Allocation of these four support spots, will be on based on the following inclusion support process.

1. Parents/caregivers of a child who requires these services are asked to email recreation.borden@cfmws.com requesting a spot beginning 25 March 2026 at 0900hrs:
 - With request of service, please identify which weeks support is being sought and the preferred weeks for a spot (rank the weeks, 1st choice, 2nd choice, 3rd, etc.);
 - Upon receipt of the request, families will receive an Individualized Child/Youth Support Profile. Please complete the document and return within a week of the profile being received as this will assist in determining the level of support required for one inclusion spot;
 - We are aware that not all participants who require facilitator assistance require 1 on 1 support, and we will match facilitators to children to benefit the most participants that we can. For instance, one spot may mean two children to one Inclusion Facilitator. Thus, the allocation of an inclusion spot will be based on the differing needs of the children.
2. Beginning 13 April 2026 Inclusion Facilitator spots will begin to be assigned where families will be allocated 1 week of support. This will be on first come first serve basis of the above steps with Regular Members taking priority.

- Families will be contacted to advise them of their assigned week for an inclusion spot. The following additional steps of the inclusion support process where we will then be requesting to meet with each parent/guardian and child to review specific needs and Inclusion Support requirements. During this meeting, an individualized child/youth support profile will be created.
3. Beginning 4 May 2026, any remaining Inclusion Facilitator spots for each week will begin to be assigned. At this time, families who have been allocated 1 week already, will have their preferred weeks reviewed and additional spots may be offered to a child/youth based on availability of spots.
 4. By 11 May 2026 all families who have requested support will receive an email outlining the week(s) that their child(re) have been allotted an Inclusion Facilitator.
 5. After all inclusion spots have been filled any other families requesting the service will be notified that we are currently full and families may request to go on waitlist for an inclusion spot should one become available.
 6. Any child is welcome to bring in their own facilitator so that they may attend camp (at parents organizing and with completion of required support worker forms).
 - Funding for families bringing their own facilitator can be sought through;
 - Canadian Tire Jumpstart – <https://jumpstart.canadiantire.ca/>
 - SISSIP – <https://CFMWS.ca/insurance-fianance>
 - Support Our Troops – <https://supportourtroops.ca/>
 - We Are the Villagers - <https://watvnew.com/>
 - Youth Reach - <https://youthreach.ca/>

Please note that if you do not request inclusion services and do not provide a facilitator for your child to attend camp your child could be removed from the Summer Camp Program if it is not safe for your child to be attending without the extra resources of a facilitator.

The level of support that can be offered from one CAF location to another may vary based on program space, accessibility, resources and availability of trained inclusion support staff. Participants and staff safety is our top priority and therefore it is important to acknowledge that there are limitations within PSP locations, as well as limitations to the level of support our Recreation Inclusion Support Facilitators can provide.

The Borden Community Recreation Department goal is to set each child that attends our Summer Camp Program up for success. If you have any questions about our Inclusion Support Process please email us at recreation.borden@cfmws.com. We would like to thank you for your commitment to working with us to ensure the best experience for your child(ren).



PSP Community Recreation Participant Behavior Management Policy

PSP's expectation is that the participants enjoy the program and respect others in all activities. PSP takes a positive approach to managing behaviors; striving to be fair, reasonable, consistent and ensure the safety of everyone. When behavior issues arise, PSP makes every effort to help every participant be successful by implementing the following behavior management steps; the initial step taken is based on the severity of the behavior.

Step 1 - Counseling: When a discipline incident occurs, the participant will be counseled and given a description of the behavior change required. The program employee and the participant will discuss the situation and discover ways to redirect and problem-solve the behavior.

Step 2 - Time-Out/Break: If subsequent incidents occur, the participant may be asked to "Take a Break". A "Break" is a 5-to-10-minute period that the participant spends quietly reflecting on the incident. The program employee will discuss the expected behavior then have the participant rejoin the group/activity.

Step 3 - Parent/Guardian/Caregiver Contact: If a series of discipline situations occur, the participant's parent/guardian/caregiver will be contacted.

Step 4 - Suspension from program: A participant who continually disregards instructions or at any time displays negative behavior will be suspended for at least 1 day. The parent/guardian/caregiver will be contacted and required to pick the participant up before the end of program/class that day. Emergency contact person (s) will be called if parent/guardian/caregiver cannot be reached. A behavior improvement plan may be required for the participant to return to the program/class.

Step 5 - Termination from program: If the participant's behavior remains unacceptable then the parent/guardian/caregiver will be informed and the participant will be removed from the program and remaining weeks they are registered. Termination might include a longer ban from the facility or other programming. This decision should be made in consultation with the Senior Manager.

Extreme behavior will result in immediate termination from the program.

Under no circumstances will the following negative control techniques be used by PSP staff:

- a. Verbal abuse of any kind: Humiliation, threatening, swearing, harassment, yelling, sarcasm, discussion of child within any child's hearing and sight;
- b. Harsh discipline of any kind: Spanking, deprivation of food or washroom privileges, confinement, prolonged restraining, physical punishment;
- c. Sexually abusive/inappropriate behaviour; and
- d. Lack of Supervision: purposeful ignoring of Vulnerable Sector or leaving Vulnerable Sector unsupervised.

I, the parent/guardian, have read the above Participant Behavior Management Policy and understand the policy.

Name

Signature

Date: _____

Concussion Code of Conduct for **ATHLETES & PARENTS/GUARDIANS**

(for athletes under 18 years of age)



I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).*

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.* *(Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition immediately, or tell an adult if I think another athlete has a concussion.)*
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience any symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered.* *(Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)*

Sample Concussion Code of Conduct for

ATHLETES & PARENTS/GUARDIANS

(for athletes under 18 years of age)



I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process.*
(I will have to follow my sport organization's Return-to-Sport Protocol.)
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.
Athlete:
Parent/Guardian: <i>(of athletes who are under 18 years of age)</i>
Date:

If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.

I can help prevent concussions, through my:

- Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions.*
- Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions.*
(Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy).
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.*



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

WARNING! Please read carefully. By signing this document, you will waive certain legal rights – including the right to sue

I have read and agree to be bound by statement above.	Signature
-------------------------------------------------------	-----------

1. This is a binding legal agreement. Clarify any questions or concerns before signing.
2. As a participant in the activities, programs, classes, services provided and events sponsored or organized by Canadian Forces Morale and Welfare Services:
 - a. PSP
 - b. CFB Borden
 - c. Ontario
 - d. 2026/2027

including but not limited to: self-led activities, virtual and online activities, instructional sessions or lessons, practices competitive activities including game play, travel, equipment use or loan, indoor and outdoor activities and facilities, strength training and fitness conditioning and performances (collectively the “Activities”), the undersigned acknowledges and agrees to the following terms outlined in this agreement:

Disclaimer

3. In consideration of my participation in or attendance at these Activities, I, on behalf of myself, personal representatives, heirs, spouse, children or assigns, do hereby waive, release and forever discharge His Majesty the King in Right of Canada, His officers, servants, agents, employees, volunteers, officials, participants, agents, sponsors and members of his Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, volunteers, officials, participants, agents, and sponsors (collectively the “Organization”) from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this Activities in any manner whatsoever including, but not limited to, the negligence of the Organization, either collectively or individually.

I have read and agree to be bound by paragraphs 1, 2 and 3.	Signature
-------------------------------------------------------------	-----------

Description and Acknowledgement of Risks



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

4. I understand and acknowledge that:
 - a. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life;
 - b. I am responsible for my own code of conduct and behavior during the Activities and will follow safety guidelines including the recommendation by the Organization of the wearing of personal protective equipment (where applicable) ;
 - c. The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction; and
 - d. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19.

5. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. The risks, dangers and hazards include, but are not limited to:
 - a. Health (physical and mental): executing strenuous and demanding physical techniques, physical exertion, overexertion, stretching, dehydration, fatigue, cardiovascular workouts, psychological harm, rapid movements and stops, lack of fitness or conditioning, traumatic injury, bacterial infections, rashes, and the transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, parasites or other organisms or any mutation thereof;
 - b. Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on floors, ice, or other surfaces, extreme weather conditions; travel to and from premises;
 - c. Use of Equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Organization to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability;
 - d. Contact: contact with equipment, vehicles, or other persons, and may lead to serious bodily injury, including but not limited to concussions and/or other brain injury, or serious spinal injury;
 - e. Advice: negligent advice regarding the Activities;
 - f. Ability: Failing to act safely or within my own ability or within designated areas;



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- g. Cyber: privacy breaches, hacking, technology malfunction or damage;
- h. Conduct: My conduct and conduct of other persons including any physical altercation between participants;
- i. Travel: Travel to and from the Activities;
- j. Negligence: My negligence and negligence of other persons, including negligence on the part of the Organization, either collectively or individually, may increase the risk of damage, loss, personal injury or death. I understand that the Organization, either collectively or individually, may fail to safeguard or protect me from the risks, dangers and hazards of the Activities, some of which are referred to above.

I have read and agree to be bound by paragraphs 4 and 5.

Signature

Terms

- 6. In consideration of the Organization allowing me to participate in the Activities, I agree:
 - a. That when I practice or train in my own space, I am responsible for my surroundings and the location and equipment that I select;
 - b. That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental and physical condition;
 - c. To complete a Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and followed recommendations such as seeking further advice from a doctor, another health care practitioner who is licensed to diagnose, or a qualified exercise professional before becoming much more physically active;
 - d. To comply with the rules and regulations for participation in the Activities including local, municipal, provincial and federal government regulations;
 - e. To comply with the rules of the facility or equipment;
 - f. That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring my observations to a representative of the Organization immediately;
 - g. The risks associated with the Activities are increased when I am impaired and I will not to participate if impaired in any way;
 - h. That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity;
 - i. That I am responsible for my choice of safety or protective equipment and the secure fitting of that equipment;
 - j. There is no insurance coverage provided for participants against dangers inherent in the Activity. I am responsible to review my personal accident, life insurance coverage to



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- ensure that there is no exclusions related to the Activities, and that benefits are realistic. I am responsible for arranging and paying for such coverage;
- k. To stop participation in the Event if it becomes, in my own assessment and opinion, unsafe to continue;
 - l. That COVID-19 is contagious in nature and I may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or death.

I have read and agree to be bound by paragraph 6.	Signature
---------------------------------------------------	-----------

Release of Liability and Disclaimer

7. In consideration of the Organization allowing me to participate, I agree:
 - a. That the sole responsibility for my safety remains with me;
 - b. To ASSUME all risks arising out of, associated with or related to my participation;
 - c. That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to participate in the Activities;
 - d. To WAIVE any and all claims that I may have now or in the future against the Organization;
 - e. To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the Activities;
 - f. To INDEMNIFY and HOLD HARMLESS the Organization, either collectively or individually, from and against any and all claims and demands, losses, litigation expenses, legal fees, liability, damages, awards, costs, actions, causes of action, suits, or other proceedings of any form or type whatsoever, they, or any of them, may incur or be subject to whether directly or indirectly as a result of my participation in the Activities, whether the claim is based on, including but not limited to, the negligence, gross negligence, breach of contract, or any action taken or things done, maintained or failed to be done of or by the Organization, collectively or individually.;
 - g. To FOREVER RELEASE AND INDEMNIFY and HOLD HARMLESS the Organization, either collectively or individually, from any action related to my becoming exposed to or infected by COVID-19 as a result of, or from, any action, omission or negligence of myself or others, including but not limited to the Organization, either collectively or individually;



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- h. That the Organization, either collectively or individually, is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities;
- i. That negligence includes failure on the part of the Organization, either collectively or individually, to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities; and
- j. This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

- 8. I agree that in the event that I file a lawsuit against the Organization, either collectively or individually, I will do so solely in the Province of Ontario and further agree that the substantive law of the Province of Ontario will apply without regard to conflict of law rules.
- 9. I AGREE that the Agreement will be governed by, and is to be interpreted, construed and determined in accordance with, the applicable federal laws and the laws in force in the province of Ontario, Canada and I AGREE to irrevocably and unconditionally attorn to the exclusive jurisdiction of the Courts of Ontario, Canada and all courts competent to hear appeals from the Courts of Ontario, Canada.
- 10. I AGREE that if any provision of this Agreement is determined to be invalid or unenforceable, in whole or in part, by a court of competent jurisdiction, such invalidity or unenforceability shall not affect the remaining terms or provisions of this Agreement.
- 11. WITHOUT LIMITING THE ABOVE, I AGREE NOT TO SUE the Organization, either collectively or individually, for, including but not limited to, any and all personal injury, including physical and psychological harm, death and property loss or damage, and costs, damages, fees, expenses, awards, and liabilities or otherwise relating thereto of any form or type, howsoever caused or arising, and whether directly or indirectly as a result of my participation in the Activities.

I have read and agree to be bound by paragraphs 7, 8, 9, 10 and 11.	Signature
---------------------------------------------------------------------	-----------

Acknowledgement

- 12. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization, either collectively or individually, on the basis of any claims from which I have released herein.

Name (Printed)
Signature
Date