



Ta'an Kwäch'än Council

117 Industrial Road • Whitehorse, Yukon • Y1A 2T8

Telephone: 867.668.3613 • Facsimile: 867.667.4295 • E-mail: info@taan.ca

TKC Summer Day Camp Program

Registration Form & Liability Waiver

Hello Parents/Guardians,

We are excited to return our summer program to TKC's 6 - week program. Registration will be open for children ages 7-13, with priority given to TKC Citizens, but all are welcome to apply. This year the camp homebase will be Takhini Elementary. Participants will be meeting at the school each morning at 8:30 AM, before we venture off to participate in our daily activities. Camp will be held from Monday to Thursday from 8:30 AM – 4:00 PM. TKC will provide a healthy breakfast and lunch for participants. The camp will be free of charge.

We are excited to provide a summer filled with fun and learning! We are focusing a lot of our programming on STEM (Science, Technology, Engineering, and Math). If there are any exciting opportunities or events that you would like to see us participate in, please feel free to reach out and inform us about these opportunities.

Please check off which weeks your child will be participating:

- June 26th – 29th**
- July 3rd – 7th**
- July 10th – 13th**
- July 17th – 20th**
- July 24th – 27th**
- July 31st – August 3rd**

For more information or for assistance with your registration form, please contact the Youth Outreach Support Worker, Ben Monkman, at 334-8306 or email youthsupport@taan.ca. Registration forms can be dropped off at the Main Administration building, the TKC Health building, or emailed to Ben Monkman at youthsupport@taan.ca.

*****Deadline for Submitting Registration is June 20, 2022*****



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RELEASE OF LIABILITY AND WAIVER CLAIMS

Participant: _____	Birth Date: _____	Age: _____
Parent/Guardian: _____	Parent/Guardian: _____	
Phone: _____	Phone: _____	
Email: _____	Email: _____	
Emergency Contact: _____	Emergency Contact: _____	
Relationship to Child: _____	Relationship to Child: _____	
Phone: _____	Phone: _____	
Email: _____	Email: _____	
Approved Drop-off/Pick-up Person(s): _____ _____	Relationship to Child: _____ _____	
MEDICAL/DIETARY CONDITIONS: _____ _____		

DISCLAIMER

I AGREE THAT the Ta'an Kwäch'än Council, its officers, directors, agents, contractors, employees, trainers, volunteers, members and representatives (the "TKC") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in any and all activities, events, or social activities sponsored by or attended by the TKC (the "Activities"), including, injury, loss or damage which might be caused by negligence of the TKC.

I AGREE TO RELEASE THE TKC from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the



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Activities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE TKC from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Activities.

I AGREE TO HOLD HARMLESS AND INDEMNIFY THE TKC in connection with the services and/or incidents/accidents of any train, vessel, carriage, aircraft, bus, privately owned or rented motor vehicle or other conveyance, which may be used during my participation in the Activities. Neither will the TKC assume any liability for any injury, loss, accident or delay which may be occasioned by reason of nay defect in any mode of transportation or through the act, error, neglect, negligence or default of any company or person engaged in transporting persons to the Activities.

MEDICAL/HEALTH & TRAVEL INSURANCE

I AM SOLEY RESPONSIBLE to select and purchase adequate medical or health insurance. No medical or health insurance will be provided by the TKC. In the event of a medical or health problem, the TKC accepts no responsibility for any cost associated with medical or health.

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage.

ACKNOWLEDGMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

SIGNED THIS _____ Day of _____ at _____

Printed Name

Signature

Printed Name of Witness

Signature of Witness

If under the age of 16 years, the signature of the parent or guardian is required.