



# Ta'an Kwäch'än Council

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## **Summer 2024 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 Tahkini Elementary School. 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! 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 on these opportunities.

**Please check off which weeks your child will be participating:**

- June 24<sup>th</sup> – 27<sup>th</sup>**
- July 2<sup>nd</sup> – 4<sup>th</sup>**
- July 8<sup>th</sup> – 11<sup>th</sup>**
- July 15<sup>th</sup> – 18<sup>th</sup>**
- July 22<sup>nd</sup> – 25<sup>th</sup>**
- July 29<sup>th</sup> – August 1<sup>st</sup>**

**\*\*\*Deadline for Submitting Registration is June 17, 2024\*\*\***

Registration forms can be dropped off at the TKC Building or emailed to the Day Camp Coordinator, Adrianna Smith at [educationstudent@taan.ca](mailto:educationstudent@taan.ca). Please contact Adrianna Smith for additional information or assistance with the application.



**RELEASE OF LIABILITY AND WAIVER CLAIMS**

<b>Name of Participant:</b> _____	<b>Birth Date (DD/MM/YYYY):</b> _____	<b>Age:</b> _____
<b>Parent/Guardian:</b> _____	<b>Parent/Guardian:</b> _____	
<b>Phone:</b> _____	<b>Phone:</b> _____	
<b>Email:</b> _____	<b>Email:</b> _____	
<b>Emergency Contact:</b> _____	<b>Emergency Contact:</b> _____	
<b>Relationship to Child:</b> _____	<b>Relationship to Child:</b> _____	
<b>Phone:</b> _____	<b>Phone:</b> _____	
<b>Email:</b> _____	<b>Email:</b> _____	
<b>Approved Drop-off/Pick-up Person(s):</b> _____		
<b>MEDICAL/DIETARY CONDITIONS:</b> _____		
_____		

**DISCLAIMER**

I AGREE THAT the Ta'an Kwächan 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 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 any defect in any mode of transportation or through the act, error,



**RELEASE OF LIABILITY AND WAIVER CLAIMS**

neglect, negligence or default of any company or person engaged in transporting persons to the Activities.

**MEDICAL/HEALTH & TRAVEL INSURANCE**

I AM SOLEY RESPONSABLE 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)