

Mazur Polish Canadian Dancers of Edmonton Society
Maria Chrzanowska Polish School

Summer Camp 2016 at Polish Camp "Kopernik", Garner Lake, AB

Arrival: July 31, 2016 at 12:00 Departure: August 7, 2016 at 12:00 *there will be a kids performance at 12:30

APPLICATION FORM

Participant's Name: _____

Date of Birth (M/D/Y): _____ Health Card Number: _____

Home Address: _____ Postal Code: _____

City: _____ Province: _____ Home Phone Number: _____

Mother's or Guardian's Name: _____

Mother's Work Number: _____ Mother's Mobile Number: _____

Father or Guardian's Name: _____

Father's Work Number: _____ Father's Mobile Number: _____

Contact E-mail Address: _____

EMERGENCY CONTACT

1. Name: _____ Phone Number: _____

Address: _____ Relation to Participant: _____

City: _____ Province: _____ Postal Code: _____

2. Name: _____ Phone Number: _____

Address: _____ Relation to Participant: _____

City: _____ Province: _____ Postal Code: _____

SUMMER CAMP FEES

First Child	\$ 250.00	Cash	Cheque
Second Child	\$ 225.00	Cash	Cheque
Third Child	\$ 200.00	Cash	Cheque

For payment please call: Malgorzata Miaczynski (780) 257-7311

**Each Participant of the Summer Camp 2016 will have their Mazur dance fees waived for the 2016/2017 year*

PERSONAL/MEDICAL INFORMATION

Swimming Level/Badge:

None _____ Beginner _____ Intermediate _____ Advanced _____

Limitations/Participation:

Please explain any physical limitations or other concerns that might affect participation in the program.

Allergies/Medical Conditions:

List any allergies such as food, insect stings, drugs, etc. Clearly explain any symptoms and/or reactions associated with these allergies or conditions. In case of severe reactions please explain what medications or medical appliances are needed for the Participant, eg. Asthma Inhaler, EpiPen, Insulin, etc. Please note any other personal or medical conditions that might affect participation in the program.

PARTICIPANT'S CODE OF CONDUCT

Each participant of the camp shall respect the authority of the camp leaders and instructors and demonstrate willingness to cooperate at all times to ensure the physical and mental well being of the other Participants and camp staff. Persistent opposition to the authority, willful destruction of property, the use of inappropriate language or conduct injurious to the moral tone of the program will result in the loss of the Privilege to participate in the *Summer Camp 2016*.

I understand that, in the event my child is sent home due to violation of the standards of conduct, I will bear all costs of the transport home and I acknowledge that I will receive no reimbursement for the *Summer Camp 2016*.

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ Date: _____

CONSENT

I give permission for _____ to take part in the
(PARTICIPANT'S FULL NAME)

Summer Camp 2016 at Polish camp "Kopernik", Garner Lake, AB from July 31st – August 7th. Camping is an activity with physical demands and inherent risks, which are beyond the control of Mazur Polish Canadian Dancers Of Edmonton Society/ Maria Chrzanowska Polish School. In spite of precautions and supervision of activities by trained counselors, accidents may occur and cause injury. In order to participate, the Participant and the Parents/Guardians must assume the risks and dangers.

In the event that medical care is required, I authorize any medical or emergency treatment should the Participant become ill or involved in an accident during the *Summer Camp 2016*.

I understand that photographs may be taken during this *Summer Camp 2016* by organizers and the resulting images may be used in Mazur's brochures and promotional materials including Mazur's website without further notice to me, and I consent to such use of the photos.

In consideration of the Participant being permitted to participate in the *Summer Camp 2016*, I, for myself, my heirs, executors, administrators and assigns, release Mazur Polish Canadian Dancers of Edmonton Society & Maria Chrzanowska Polish School and all other organizers, sponsors, representatives, their agents, directors and employees and any other person or their heir, executors, administrators, successors and assigns, or organizations assisting from all claim, demands, damages, actions or causes of actions, arising out of or in consequence of any loss, injury or damage to the Participant or property incurred while participating in the *Summer Camp 2016*.

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ Date: _____

For additional information please call:

Beata Jozwiak (780) 472-2781 and/or Marzena Gajewski (780) 238-3735

Please fill out all forms and send via e-mail to mazur.dance@gmail.com or print them out and bring to Malgorzata Miaczynski. Please bring cheques made out to **Mazur Polish Canadian Dancers of Edmonton Society** or cash to Malgorzata Miaczynski no later than **May 31st, 2016**. The number of participants is limited.