

# Indigenous Youth Summer Camp

## by Venture Engineering, Science, Computers & Technology at McMaster University

(A **FREE** week of camp to Aboriginal students entering **grades 5-8** in September!)

**SELECT A WEEK OF CAMP:**

Week 5: July 31- August 4, 2017

Week 6: August 8- August 11, 2017

**PARTICIPANT INFORMATION:**

Childs First Name:  Childs Last Name:

Birth Date:  Health Card:

Name of School:  Grade in September:   FEMALE  
 MALE

Allergies/Medical Conditions/Dietary Restrictions:

**T-SHIRT SIZE:**  Adult Small  Adult Medium  Adult Large  Adult Extra Large

**BUSING:**

- Lloyd S. King Elementary School (659 New Credit Road, Hagersville)
- IL Thomas Elementary School (2120 Cayuga Rd., Oshweken)
- JC Hill Elementary School, 1772 4th Line, Oshweken)
- NO BUSING. Providing own transportation.

**PARENT/GUARDIAN INFORMATION:**

First Name:  Last Name:

Email Address:  Daytime Phone Number:

Address:  City & Postal Code:

**EMERGENCY CONTACT:**

First Name:  Last Name:

Cell Phone or Daytime Number:

**Parental Permission**

I understand that the University and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that the University, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the University campus. I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless McMaster University, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child(ren) as a result of their participation in this program unless such injury, loss, damage or harm is caused by the sole negligence of the University or its representatives while acting within the scope of their duties. I hereby grant permission for my child to fully participate in the Aboriginal Youth Summer Camp at McMaster University. I declare having read and understood the above and hereby consent to my child participating on the basis described. Aboriginal Youth Summer Camp at McMaster University is solely responsible for the use and protection of any and all personal information collected from registrants. **Permission is hereby granted for any photos of my child to appear in the promotional materials such as a poster or on the website for advertising publication by the University.**

Date:

Parent/Guardian Signature: