



**Somali Canadian Cultural
Society of Edmonton**

| | |
|----------------------------|--|
| (see membership Procedure) | Membership #: |
| Low Income Verified | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The Camper is Approved | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason not approved: | |

CAMP TOOSOO REGISTRATION FORM

Part One: Camper's Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Age _____

EMERGENCY CONTACT (Other than parent/guardian, who can be reached)

Name: _____ Relationship: _____ Phone # _____

Camper's Alberta Health Care # _____

Medical or health concerns: _____

- Canadian Citizen
- Refugee: File #: _____
- Permanent Residence Number: _____

The following questions are asked for parents so we can demonstrate to program funders that the organizations are reaching its intended target population to help people with low income. This and all other information in this application will be kept strictly confidential but decision will be made based needs. (Priority for registration will be given families of low income (Proof of income will need to be provided if you fit in this category: in come of <\$30,000)

| | | | | |
|--|----------------------------------|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Employed FT | <input type="checkbox"/> Student | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Refugees | <input type="checkbox"/> Employed PT |
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Other | | | |



Somali Canadian Cultural Society of Edmonton

| | | | | |
|--|--|--|--|-------------|
| If you were to estimate your household's annual income, what range would you select? (Select one): | | | | |
| <input type="checkbox"/> Under\$30 000 | <input type="checkbox"/> \$30 000 - \$40 000 | <input type="checkbox"/> \$40 000 - \$50 000 | <input type="checkbox"/> \$50 000 - \$60 000 | >60,000 |
| Family Size | | | | |
| <input type="checkbox"/> Family of 2 | <input type="checkbox"/> Family of 4 | Family of 5 | Family of 6 | Family of 7 |

Part two: Parent/Guardian Information

Name _____

Address (if different from Camper's) _____

Daytime Phone _____ Home Phone _____

I give consent for the above listed child to participate in the SOMALI-CANADIAN CULTRAL SOCIETY OF EDMONTON SUMMER YOUTH CAMP

I, _____ hereby will not hold the SOMALI-CANADIAN CULTRAL SOCIETY OF EDMONTON liable in case of accident or injury as a result of participation. I authorize any medical treatment, which may be advised or recommended by an attending physician in the event of an emergency.

Parent or Guardian Signature: _____ Date: _____

PLEASE READ & SIGN THIS STATEMENT

- I hereby enroll my child in Camp Toosoo Summer Camp. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect his/her stay or that of other campers at camp Toosoo.
- I grant permission for the applicant to participate in all planned camp activities. I hereby grant Camp Toosoo and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and **I fully release Camp Toosoo from any liability in connection there within.** In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately. **I understand that I will be responsible for payment of all medical and medication bills.**
- I understand that my child must comply with the camp's rules and standards of conduct and that **the organization may terminate my child's participation in the camp program if he/she does not maintain these standards.**
- By signing below, I hereby give permission for my child to take part in programs with the Camp Toosoo. I release Camp Toosoo, and the directors, trustees, officers, volunteers and employees of Camp Toosoo, from all liability for damages or injuries resulting from activity, negligence or defects in the preparation,



instruction, or equipment involved in Activities in or around Camp Toosoo. Camp Toosoo is not responsible for lost, stolen, or damaged personal articles.

- I authorize the **Somali Canadian Cultural Society of Edmonton** and involved organizations to have and use photographs, slides, videotapes and comments of the person(s) named on this application as needed in promotional materials and public relations programming. I individually and corporately agree to hold harmless Camp Toosoo, its volunteers, agents, employees and officers irrespective of any negligent act or omission by Camp Toosoo and/or those individuals arising from or related in any way to this Camp Toosoo program.

Parent or Guardian Signature: _____ Date: _____

Part Four: Consent Agreement

DISCLAIMER CLAUSE

Somali Canadian Cultural Society of Edmonton board of directors, staff and volunteers, Youth Program their officers, directors, agents, contractors, employees, coaches/instructors, trainers, students, volunteers, members, and representatives, are not responsible for any participant's death, injury, loss or damage of any kind sustained by any person while registered as a Program member of the above noted program unless such injury, loss or damage was caused by the Somali Canadian Cultural Society of Edmonton Youth Program.

ASSUMPTION OF RISKS

In consideration of my child's participation in the above noted Program and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible **RISKS, DANGERS, AND HAZARDS** associated with being a member , including the **possible risk of severe or fatal injury** to my child or others.

ACCEPTANCE OF RESPONSIBILITIES

The parent/guardian (if participant is under 18 years of age) and the participant understand and acknowledge the following:

1. **TO FOLLOW** all the instructions and rules given by those responsible for or in charge of the above noted program and all related activities while my child is a member and/or participating in the above noted program. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire program;
2. **TO OBEY** all the rules and regulations pertaining to the above noted program and all related activities.
3. **TO GRANT** other authorized third party, the nonexclusive right to:
 - a. Photograph / Make audio-visual recordings of my child for use in educational, marketing and advertising purposes
 - b. That my child's identity may be published in print, electronic, or digital format.



Parent or Guardian Signature: _____ Date: _____

Name of Camper: _____ Campers signature _____

Below is office use only

To establish family to be low income SCCSE uses federal guide line for Low Income Cut-Off. Income tax can be used as a verification propose

| Size of Family Unit | Minimum necessary income |
|----------------------------|---------------------------------|
| Family of 2 | \$29,706 |
| Family of 3 | \$36,520 |
| Family of 4 | \$44,340 |
| Family of 5 | \$50,290 |
| Family of 6 | \$56,718 |
| Family of 7 | \$63,147 |