

# Police Registration Form



Name of Participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Adult Shirt Size S M L XL XXL

Police Service & Address: \_\_\_\_\_

Name & Address of your Immediate Supervisor: \_\_\_\_\_

\_\_\_\_\_

Name & Address of your Chief of Police: \_\_\_\_\_

\_\_\_\_\_

Special Dietary Requirements: (i.e. lactose, no pork, ANY food allergies):

\_\_\_\_\_

## **In case of Emergency, Accident, or Illness, notify (Primary Contact Person)**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell/Pager Number: \_\_\_\_\_

## **In case of Emergency, Accident, or Illness, notify (Secondary Contact Person)**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell/Pager Number: \_\_\_\_\_

## **Health Information**

### **Medical Considerations**

Please indicate if you are currently receiving treatment for an illness, condition or injury

YES                      NO

If yes, please indicate: \_\_\_\_\_

### **Allergies**

Please indicate if you have an allergy                      YES                      NO

If yes, please indicate: \_\_\_\_\_

## TERMS OF PARTICIPATION



Please be assured that CAA South Central Ontario, Camp Samac authorities, and participating policing agencies will do their best to ensure a safe and secure environment for you. However, this event is not without inherent risks that may result in serious injury or death to participants. To help minimize the risk, we have instituted the following guidelines that will be applied to all officers attending the camp.

- (1) the possession and/or consumption of any non-prescribed mood altering substances is strictly prohibited;
- (2) intentional misbehavior that subjects Camp participants or their property to physical and/or emotional risk is unacceptable

CAA South Central Ontario, associates of CAA South Central Ontario and participating partners will not be held responsible for any bodily injury suffered by you, nor for any loss, theft or damage to your personal property.

In the event that the primary or secondary contact cannot be readily consulted about a health-related occurrence involving your child, your signature below grants permission for camp authorities to authorize as deemed appropriate by the attending physician: hospitalization, administration of medications; and/or x-rays, tests or other treatments to include injections and/or surgery. You will be obligated to remit all expenses associated with such medical care.

CAA South Central Ontario & media representatives may take photographs and videotape footage of Camp participants and related activities for promotional purposes, television and print. Should you object to the use of such photographs or videotape that may depict you, it is incumbent upon you to advise CAA South Central Ontario in writing by July 10th, 2008. Correspondence to this effect may be addressed to the Director of Public & Government Affairs, CAA South Central Ontario, 60 Commerce Valley Drive East, Thornhill, Ontario, L3T 7P9. Failure to provide such notification assumes consent of the above.

I certify that I have read, understood and agree to be bound by the above terms. I agree to indemnify and hold harmless CAA South Central Ontario associates of CAA South Central Ontario and participating partners from any and all claims, damages, injuries and expenses arising out of or resulting from my participation in all Camp activities. I further agree, acquit, and covenant not to sue CAA South Central Ontario, associates of CAA South Central Ontario and participating partners for any actions, causes of action, claims or damages, damages in law, or remedies in equal or whatever kind. I understand CAA South Central Ontario to include their agents, employees and participating partners.

Name (printed) \_\_\_\_\_

Name (signature) \_\_\_\_\_

Date: \_\_\_\_\_