



Police Registration Form



Auto
Insurance
Travel

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 (employees) 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 9th, 2010. Correspondence to this effect may be addressed to the Director of Government & Community Relations, 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 hereby waive all rights, including moral rights, and covenant not to take legal action against CAA South Central Ontario, its directors, officers, employees, agents and participating partners for any losses, claims, damage, including personal and bodily injury (including death) (collectively, the "Losses"), sustained, arising from or in relation to my participation in the Camp. I further agree to indemnify and hold harmless CAA South Central Ontario, its directors, officers, employees, agents and participating partners for any Losses, as and when said Losses are incurred, that are attributable to, arising from or in relation to my participation of in the Camp.

Name (printed) _____

CAA membership # (if applicable) _____

Name (signature) _____

Date: _____