



Juniorpreneur Camp Registration 2019-2020

Please Choose Camp Location & Date

Kentville: July 8-12, 2019

Halifax: July 15-19, 2019

New Glasgow: July 29-August 2, 2019

Truro: August 12-16, 2019

Halifax: August 19-23, 2019

Halifax: March 16-20, 2020

Registration Information

Participant Name (First Last)

Age Gender Date of Birth (dd/mm/yyyy)

Parent/Guardian Name (First Last)

Youth

Adult

Sm

Md

Lg

XL

T-Shirt Size (Select Youth or Adult **and** a Size)

Parent/Guardian Email Address

Best phone number to contact Parent/Guardian

Street Address, City, Province, Postal Code

Emergency Contact Information

1) _____
Emergency Contact Name

Relationship to Participant

Emergency Contact Phone

2) _____
Emergency Contact Name

Relationship to Participant

Emergency Contact Phone

3) _____
Emergency Contact Name

Relationship to Participant

Emergency Contact Phone

Pick-Up Information

1) _____
Name of Adult Authorized to pick-up Participant

Relationship to Participant

2) _____
Name of Adult Authorized to pick-up Participant

Relationship to Participant

3) _____
Name of Adult Authorized to pick-up Participant

Relationship to Participant

How did you hear about CEED/Juniorpreneur Camp?



Health Information

Health Card Number

Health Card Expiry (DD/MM/YY)

Family Doctor

Medical Concerns & Allergies (Please Specify)

I understand that CEED staff are not responsible for the care of any medical conditions that I have not explained on this form or in attachments to this form. I agree to inform the staff of any changes to my child's medical condition. I will also notify the staff in writing of any changes regarding who is permitted to pick up my child from camp.

Parent/Guardian Name

Signature of Parent/Guardian

Date

General Consent Form

I, undersign, the parent/guardian of the mentioned camper, do hereby consent to his/her participation in CEED's Juniorpreneur Camp.

I undertake that my child will follow all rules and participate in activities that may involve hands-on activities or physical activity. I consent to and assume all risks and hazards of and incidental to the participation of the aforementioned camper in all activities and waive all rights to any claim or action against CEED, arising from injury, loss or damage to my child or my child's property except where such injury, loss or damage is caused by the SOLE NEGLIGENCE of CEED, their respective directors, employees, agents and volunteers, while acting within the scope of their duties.

I understand that CEED programs and rules are designed to ensure the safety of campers, promote entrepreneurship and encourage critical thinking.

Any behavioral misconduct will potentially result in immediate removal from this program and forfeit of the registration fee. I understand that the CEED instructors are clear according to nationwide Criminal Records and Vulnerable Sector database checks, and trained in Emergency First Aid and CPR. I consent to the administration of First Aid to the above-mentioned camper by the personnel of CEED or a medical professional.

I have given CEED full disclosure of any medical or behavioral conditions that may affect my child's participation in the camp and detailed instructions for treatment below. I authorize CEED to provide such medical services as CEED or medical personnel consider appropriate.

I declare I have read and understood this agreement and hereby consent to the participation of my camper.

Parent/Guardian Name

Participant Name

Signature of Parent/Guardian

Date (dd/mm/yyyy)



Field Trip Permission Form

As a part of our exploration into the world of entrepreneurship, we will be taking a field trip to visit a couple of local businesses.

It is advised that participants come prepared for the weather. Participants will be reminded the day before the event of what to bring.

By signing, you acknowledge that you agree to allow your child to participate in the field trip as part of the Entrepreneurial Camp activities schedule.

**Field trip locations vary. Details will be provided before the start of camp.*

Parent/Guardian Name

Participant Name

Signature of Parent/Guardian

Date (dd/mm/yyyy)

Media Release Form

I, _____, hereby authorize the taking and use of photographs and/or video of, _____, for promotional purposes by the Centre for Entrepreneurship Education and Development Inc. (CEED) and the photographer. This material may be used in the design for promotional material for use by CEED and may be distributed throughout the province to educational institutions, community partners, social media and/or CEED publications. This release is irrevocable.

I release CEED from any claim that I have or may in the future have for libel, defamation, invasion of privacy or right of publicity, or violation of any other right arising out of or relating to any use of the rights granted under this Agreement.

Parent/Guardian Name

Participant Name

Signature of Parent/Guardian

Date (dd/mm/yyyy)

Payment Information

\$180 By Cheque (*Please make cheque payable to CEED*)

\$180 By E-Transfer (*Please transfer to amilley@ceed.ca, CEED's Financial Officer*)

\$180 By Visa or MasterCard (*Please complete the section below or call (902) 421-2333*)

**Please note, registration is not confirmed until payment has been received.*

**A minimum of two weeks notice must be provided for cancellations/refunds.*

Credit Card Details

Cardholder's First Name

Cardholder's Last Name

Cardholder's Billing Address (Street, City, Province, Postal Code)

Credit Card Number

Expiry Date (mm/yy)

CVV

Cardholder's Signature

Registration will be finalized when payments are received and processed.
If you have any questions or concerns, please contact us.