



EDUCO
adventure school

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FOR OFFICE USE ONLY

Date received _____
Amount paid \$ _____
Amount owing \$ _____
Rental equipment _____
Database updated
Invoiced Acceptance sent

Student Registration Form

YOUR PERSONAL INFORMATION IS NEVER GIVEN TO A THIRD PARTY WITHOUT YOUR PERMISSION, UNLESS REQUIRED BY A MEDICAL EMERGENCY.

Please make sure that all parts of this form (pages 1-4) have been completed. Further instructions, including a personal equipment list, will be forwarded to you upon receipt of this application by the Educo office.

Student Information

Name: _____ M F Age: _____

Mailing Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Email: _____ Birthdate (DD/MM/YY): _____

Phone Numbers: _____

Parent/Guardian Information

Name(s): _____ Address same as above? Y N

Email: _____

Phone Numbers: _____

Course Information (course information can be found at www.educoco.ca)

Course Name: _____ Course Date: _____ Price: _____

A \$200 Deposit is required with each application. The deposit is refundable up to four weeks prior to the commencement of the course. The remainder of the fee (including equipment rentals) must be at the Educo office at least **two weeks prior to the beginning of the course.**

How did you hear About Educo?

Friend Family Poster (where?): _____
 Internet Search Other: _____

Has the student been to Educo before?

Last Educo Course (course name and year): _____

Student Medical Information

All information on this form will be treated as confidential. The purpose of this form is to assist our staff in preparing for the course and in case of medical emergencies. Accurate and complete information is essential.

IN CASE OF EMERGENCY:

COMPLETE ALL PARTS OF THIS SECTION-THIS IS CRITICAL INFORMATION)

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____ Student CareCard #: _____

Name of Student's Doctor: _____ Doctor's Phone #: _____

OVERALL PHYSICAL CONDITION: Excellent Good Fair Poor

DATE OF LAST TETNUS INOCULATION OR BOOSTER: D__M__Y__

PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS:

What medications, if any, have you taken in the last 6 months?

What medications, if any, do you expect to be bringing with you?

***PLEASE PROVIDE WRITTEN INSTRUCTIONS FOR THE DISPENSING OF ALL MEDICATIONS**

CHRONIC DISABILITIES, ILLNESSES OR ALLERGIES: (i.e. asthma, emphysema, hay fever or other allergies, diabetes, epilepsy, nosebleeds, fainting, high blood pressure, heart condition, etc.)

HISTORY OF INJURIES: (i.e. broken limbs, tendonitis, bursitis, sprains, dislocations, over-use injuries.)
Please include date of injury.

EYESIGHT: Good Poor *Glasses *Contacts

***Important:** Please also bring spare eye-glasses and contacts for out trips!

PLEASE LIST ANY PHYSICAL, EMOTIONAL OR PSYCHOLOGICAL LIMITATIONS:

WHAT IS YOUR SWIMMING ABILITY? Like a: Fish Dog Rock

PLEASE LIST ANY SPECIAL DIETARY NEEDS: VEGETARIAN? Yes No

ANY OTHER INFORMATION OR COMMENTS?

Educo School - a B.C. non-profit Society (herein called "Educo")

PARENT/GUARDIAN/STUDENT - WAIVER RELEASE AND INDEMNITY:
PLEASE READ CAREFULLY By signing this you acknowledge you understand this waiver and
YOU GIVE UP ALL YOUR LEGAL RIGHTS TO SUE FOR INJURIES OR LOSS CAUSED BY
NEGLIGENCE OF THE TRUSTEES, INSTRUCTORS, STAFF OR VOLUNTEERS

WE, the undersigned applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Educo, its instructors, volunteers, members of the Board of Trustees, directors and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in any of the activities of Educo or related activities and not withstanding that the same may be caused or contributed to by the negligence of the instructors, volunteers, members, trustees, directors and agents of Educo.

***WE consent to the risks such as loss of property or harm to our persons associated with these activities.** _____ **Initial**

*WE understand that many of the activities of Educo have inherent hazards and the instructors **cannot guarantee everyone's safety at all times.** _____ **Initial**

*WE understand that hiking, rock climbing and rappelling in the wilderness conditions with forests, rocks, wild animals is hazardous and unexpected events happen so that injury or death may occur _____ **Initial**

*WE understand that canoeing and other water related activity is hazardous and unexpected events can happen so that injury or death may occur. _____ **Initial**

*WE understand that Educo assumes no liability or responsibility for injury or loss to my person or my property and that **I am responsible for my own safety** and We are responsible for all costs of rescue or medical attention. WE, the undersigned applicant, parent/guardian hereby acknowledge that there are property damage and personal injury risks associated with the activities at Educo. _____ **Initial**

***WE acknowledge and accept these risks.** WE release and discharge Educo, its instructors, volunteers, members, directors, agents and Board of Trustees from any claim, action or damage arising out of the applicant's activities while at Educo. _____ **Initial**

In Witness thereof, and in the presence of at least one witness who has signed below, I have hereunder set my hand this _____ DAY OF _____

SIGNED by student/applicant _____
Print student name

A minor (any individual under the age of nineteen years) must have the consent of his or her parent or legal guardian, who must sign below on behalf of the minor.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE MINOR:
_____(print applicant's name). In consideration of Educo allowing the above named minor/applicant to take part in adventure activities, I the PARENT/GUARDIAN of the minor/applicant agree to indemnify and hold harmless Educo, its servants, agents or employees from any claims or demands which might be made against it arising out of or in consequence of the attendance or participation of the above named minor/applicant in the various Educo activities, and as his/her parent or guardian I sign on his/her behalf below:

Parent/Guardian – SIGN

Print Parent/Guardian Name

Witness --Sign

Print Witness Name

Commitment and Authorization Form

STUDENT COMMITMENT

I agree to respect and follow the direction of Educo staff with regard to safety and course participation. I understand that, if I am unwilling to participate to the best of my ability, it is unfair for the other students and I may be asked to leave the program. I am going to give the program my “Best Shot”!

Student _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

STUDENT PHOTOGRAPHS AND/OR VIDEO RELEASE AND AUTHORIZATION

I consent to the use or reproduction by Educo Canada of any photographs or video of me for the promotion of Educo Adventure School.

Student _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

STUDENT ACKNOWLEDGEMENT OF DRUG AND KNIFE POLICIES

For the safety of all students and staff, illegal drugs, alcohol and tobacco are not allowed on an Educo Course. Any students found possessing alcohol, tobacco or illegal drugs will have the substances confiscated and will be sent home at the student’s expense. Medically required, over-the-counter or prescribed drugs are permitted, but must be written down on the Medical Information Form and handed into Educo staff upon arrival. For safety reasons, all medically required drugs will remain in the possession of, and administered to the students by, Educo staff.

Knives are not necessary on an Educo course. However, some types of camping knives may be permitted if they are deemed appropriate by Educo staff. If I am planning to bring a camping knife, I will notify the Educo office and have it inspected immediately upon arrival at Educo. If a student does not report that they have a knife, and/or use it inappropriately at any time, the knife will be confiscated and the student may be sent home at his or her own expense.

Student _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION FOR SEEKING MEDICAL TREATMENT OF MINORS

In the event of accident or apparent illness, I irrevocably authorize Educo staff to secure emergency medical services and treatment for the minor named below, if, in their judgment, such services or treatment are necessary. I understand that in the event of a medical emergency every effort will be made to contact me. I understand that I am responsible for payment of all medical treatments received from non-camp sources, if necessary.

Name of minor: _____

Parent/Guardian _____ Signature _____ Date _____