

Community of Christ

Staff Information Form

WE ARE DELIGHTED THAT YOU HAVE CHOSEN TO PARTICIPATE IN THIS EVENT. BEFORE COMPLETING THE REST OF THE INFORMATION FORM, PLEASE TAKE A MINUTE TO READ THE FOLLOWING STATEMENT WHICH SUMMARIZES OUR COMMITMENT TO PROTECT THE PERSONAL INFORMATION YOU SHARE WITH US.

Privacy Policy

WE RESPECT YOUR PRIVACY. WE PROTECT YOUR PERSONAL INFORMATION AND ADHERE TO ALL LEGISLATION REQUIREMENTS WITH RESPECT TO PROTECTING PRIVACY. WE DO NOT RENT, SELL OR TRADE OUR MAILING LISTS. THE INFORMATION YOU PROVIDE WILL BE USED TO DELIVER SERVICES AND TO KEEP YOU INFORMED AND UP TO DATE ON ACTIVITIES THAT WE SPONSOR, INCLUDING PROGRAMS, SERVICES, SPECIAL EVENTS, FUNDING NEEDS, OPPORTUNITIES TO VOLUNTEER OR TO GIVE, AND MORE THROUGH PERIODIC CONTACTS.

IF AT ANY TIME YOU WISH TO BE REMOVED FROM ANY OF THESE CONTACTS YOU CAN DO SO BY PHONING 888-411-7537, OR VIA EMAIL AT COMMUNICATIONS@COMMUNITYOFCHRIST.CA AND WE WILL GLADLY ACCOMMODATE YOUR REQUEST.

I HAVE READ THE PRIVACY POLICY OF THE COMMUNITY OF CHRIST AND UNDERSTAND THAT THE INFORMATION I PROVIDE WILL NOT BE SHARED WITH ANY OUTSIDE PARTY AS OUTLINED ABOVE.

• **SIGNATURE:** _____

STAFF INFORMATION FORM

Event: _____ **Location:** _____

General Information

Name: _____

Phone Number: () _____ E-mail: _____

Address: _____

Street address City Province/State Postal/Zip Code

Registered Child Worker: Yes ___ No ___

If No, are you willing to register with Community of Christ as a Child Worker? Yes ___ No ___

Have you taken a Camp Staff Training Course: Yes ___ No ___

Are You Applying as a Counsellor in Training Yes ___ No ___ Age ___

Have you taken a Camp Staff Training Course Yes ___ No ___

Have you been a CIT at any other camps, specify: _____

Special Skills – please outline (e.g. singing, crafts, etc.)

Camp/Retreat activities I enjoy directing/taking part in: _____

In the event of an emergency notify:

Name _____
Address _____
Work Phone: () _____
City/Province or State: _____

Relationship _____
Home Phone () _____
Email _____
Postal/Zip Code: _____

Release and Waiver of Liability

IN CONSIDERATION of Community of Christ accepting me as a staff or CIT member I agree personally to this Release and Waiver of Liability.

I understand that participation at camp involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are:

1. hazards related to travel in and on lakes and rivers;
2. hazards relating to swimming facilities and in connection with water sports;
3. hazards in connection with movement about camp and over uneven terrain;
4. hazards in connection with camp sports activities;
5. hazards in connection with travel to and from camp; and
6. hazards in connection with the use of camp buildings and facilities.

I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversations, to lead me to become involved in any activity for which I have agreed to on any basis other than my assumption of the risks and dangers involved.

I personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my participation at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.

I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled in the courts of that Province.

Signature*: _____ **Date:** _____

(* For staff below 18 years old, please have a parent or guardian sign on your behalf.)

ASSUMPTION OF RISK & INDEMNITY AGREEMENT

FOR AND IN CONSIDERATION OF THE UNDERSIGNED CAMPER’S PARTICIPATION IN OFF-SITE SWIMMING ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITY, PARTICIPANT’S PARENT(S) OR LEGAL GUARDIAN(S) WAIVE, RELEASE AND RELINQUISH ANY AND ALL CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST THE COMMUNITY OF CHRIST, INCLUDING PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OCCURRING TO PARTICIPANT, ARISING OUT OF PARTICIPATION, AND/OR ACTIVITIES INCIDENTAL THERETO, INCLUDING ORDINARY NEGLIGENCE, WHENEVER OR HOWEVER THEY OCCUR AND FOR SUCH PERIOD SAID ACTIVITIES MAY CONTINUE, AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THAT PARTICIPANT (AND PARTICIPANT’S PARENT(S) OR LEGAL GUARDIAN(S), IF APPLICABLE) MAY HAVE ARE HEREBY WAIVED, RELEASED AND RELINQUISHED, AND PARTICIPANT (AND PARENT(S)/GUARDIAN(S), IF APPLICABLE) DOES(DO) SO ON BEHALF OF MY/OUR AND PARTICIPANT’S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

Participant’s parent(s)/guardian(s), acknowledges, understands and assumes all risks arising out of the above referenced activity and related activities, and understands that participation in the activity involves risks and dangers, including but not limited to transportation to and from said activities, and bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to participant’s person and damages which may arise therefrom, and that I/we acknowledge said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the Releasees. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant’s parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in this release.

It is the purpose of this release to exempt, waive and relieve Releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of Releasees. “Releasees” include the Community of Christ, and its officers, directors, agents, affiliates and employees.

Participant (and participant’s parent(s)/guardian(s), if applicable) agree if any claim for participant’s personal injury or wrongful death is commenced against Releasees, he/she shall defend, indemnify and save harmless Releasees from any and all claims or causes of action by whomever or wherever made or presented for participant’s personal injuries, property damage or wrongful death.

PARTICIPANT (AND PARTICIPANT’S PARENT(S)/GUARDIAN(S), IF APPLICABLE) ACKNOWLEDGE THAT THEY HAVE BEEN PROVIDED AND HAVE READ THE ABOVE PARAGRAPHS AND HAVE NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT THEY ARE FULLY ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES DESCRIBED HEREINABOVE, AND UNDERSTAND THESE WAIVERS AND RELEASES ARE NECESSARY TO ALLOW THE EXISTENCE OF THE VOLUNTEER YOUTH ACTIVITIES.

Signature* _____ **Date** _____

PHOTO RELEASE

For and in consideration of the undersigned’s participation in an activity sponsored by the Community of Christ, I, _____, hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Signature* _____ **Date** _____

SPECIAL PERMISSION REQUIRED

For staff members who smoke:

I am a smoker and will comply with the smoking regulations and/or restrictions which apply to this event.

Signature*: _____

Staff Information Form: Medical Information

Medical Information for: _____ Date of Birth: _____ Weight: _____

The following questions are for informational purposes only and are confidential. This information is required to help ensure that your health, safety and, if required, effective medical treatment are given correctly.

Allergy to foods, medications (if none, so state) _____

Are you currently under a physician’s care for any acute or chronic medical condition? Yes___ No___

If Yes, please explain _____

Do you carry Non-prescription medication on your person? (if none, so state) _____

Medication(s) and purpose _____

Do you require prescription medication? (if none, so state) _____

Medication(s) and purpose _____

Physician _____ Phone () _____

Health Card Number: _____

Original Health card is required. If original Health Card is not shown at time of treatment additional non-refundable charges may be applied.

Out of country health information

Health Insurance Provider: _____ Phone: () _____

Policy Holder’s Name: _____

Address: _____

Group Number: _____ Policy Number: _____

Other Information: _____

Health information

Have you ever had any of the following (Please check if Yes and provide month/year of latest occurrence):

- anaemia___ appendicitis___ asthma___ bronchitis___ chicken pox___ diabetes___
- epilepsy___ frequent colds___ fractures (describe)_____
- heart trouble___ heart murmur___ HIV___ kidney trouble___ measles___ mumps___
- pneumonia___ rheumatic fever___ scarlet fever___ sinusitis___ sore throats___ tuberculosis___
- whooping cough___ other_____

Please list major operations or serious injuries (describe and give dates): _____

What contagious disease(s) have you been exposed to recently?: _____

Please check any of the following conditions that apply:

- vision problems___ hearing problems___ hernia___ fainting___ diarrhoea___ constipation___
- sleepwalking___ recent emotional upset – death of loved one, divorce of parents, please explain: _____

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect your participation at camp/retreat: _____

Permission for Medical Treatment

I authorize any necessary medical treatment for myself. I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, medicines, ambulance, other)

Signature* _____

Date _____

