



Western Mechatronics

WestMech Robotics Summer Camp Registration and Waiver Forms

Camp Registration

First Name : _____	Last Name : _____
Age : _____	Birth Date _____ (dd-mm-yyyy) Gender : M _____ F _____
Please check off the week you are attending : July 13 - 17, 2020 _____ July 20 – 24, 2020 _____	
T-Shirt Size: Child (Circle the size) : Youth: Sm. Med. Lg. Adult : Sm. Med. Lg.	
Q'ty : _____ (1 st t-shirt is free of charge), additional t-shirt : CAD \$20.00 each	

Parent/ Guardian Information

First Name : _____	Last Name : _____	
Relationship to child : Dad / Mom / Other : _____		
Address : _____		
City : _____	Province : _____	Postal Code : _____
Home Phone : _____	Cell Phone : _____	
Emergency Contact's Name : _____	Relationship : _____	
Contact Number : _____	Alt. Contact Number : _____	

Allergies

Any allergies, food restrictions or special circumstances we need to be aware of? Yes or No
If yes, please list : _____

Insurance Information

Alberta Health Care No. : _____	
Physician's Name : _____	Phone Number : _____



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Authorization for Emergency Health Care

I, _____ give permission for Western Mechatronics staff to arrange necessary transportation for my child in case of a medical emergency. If I cannot be reached in an emergency, I give permission to the physician to secure and administer treatment, including hospitalization for my child.

Parent / Guardian Initial : _____

Date : _____

Media Release

I, _____ do hereby release to Western Mechatronics, its assigns, to use my child's all photographs, video recordings, or other electronic formats in all forms, media and all manners for any all purpose including advertising in all forms, for unlimited time, and I waive the right to inspect or approve. I have read this release and fully understand with its contents.

Parent / Guardian Signature : _____

Date: _____

Informed Consent and Acknowledgement

I, _____ hereby give my approval for my child's participation in any and all activities prepared by during the camp. In exchange for the acceptance of said child's candidacy by which I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless. In case of injury to said child, I hereby waive all claims against, including all participants, volunteers and staff. Some of these injuries include, but are not limited to, the risk of negligence or inadequacy in health and fitness, or death.

Parent/ Guardian Signature : _____

Date: _____

Payment/ Refund Policy:

- 1.) Full payment (\$288.75 per person, GST included) is required at registration.
 - In-person registration: e-transfer to: pay@westernmech.ca OR
cheque payable to Western Mechatronics
 - Online registration: pay online at www.westernmech.ca/summercamp
- 2.) CAD \$25.00 admin fee will be withdrawn if you cancel on or before May 15, 2020.
- 3.) CAD \$25.00 admin fee plus CAD 75.00 cancellation fee will be withdrawn if you cancel after May 15, 2020 and before June 01, 2020.
- 4.) There will be No Refund for any cancellations after June 01, 2020.



Website: www.westernmech.ca

Email Address: Info@westernmech.ca

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