**KCCA-KCAA 2015 Youth Camp Emergency Contact Information Form**

**This information will be extremely important in the event of an accident or medical emergency.**

**Please be sure to sign and date this form**

**Child Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

**Primary Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**

**Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**

**Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Local Hospital:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**:

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Comments*** *(include any* ***special medical*** *or personal information you would want an*

*emergency care provider to know(****allergy****) – or special contact information)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a photocopy of your child's Health Card: (Just having the number is no longer accepted) *This information will be disclosed only if your child is in need of medical services.*

**PARENTAL CONSENT**

**학부형 승낙서**

PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

서명하시기 전에 꼭 읽어주세요.

1. 2015 Youth Camp Director reserves the right to dismiss a student who, in his/her opinion, is a hazard to the safety and the rights of others, or who appears to him/her to have rejected the controls of KCCA and KCAA.

2. The signature on the registration form signifies that both parents/guardians are in agreement with the condition of enrolment. Signing this registration form releases the Korean Canadian Cultural Association and KCAA of any liability and indemnification for any injuries, death(s) or damage to property that may occur during the course of activities at the Korean Canadian Cultural Association.

3. I/we, the parents or guardians named below, authorize the staff of KCCA-KCAA Youth Camp to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named below, **IN THE ABSENCE OF THE PARENT OR GUARDIAN**.

4. I/we, named below, undertake and agree to indemnify and hold blameless the KCCA staff, against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Summer Camps, as well as of any medical treatment authorized by the supervising individuals. This consent and authorization is effective only when participating activities and from events of Summer Camps.

5. KCCA Korean Cultural Camp requires that parents with children with potentially life-threatening conditions (such as nut allergies) communicate the seriousness of the condition to their child and Basketball Camps Staff. Children should be able to manage their exposure to substances and current medication such as an epi-pen) with instructions for workers. Children should carry current epi-pen in a fanny pack and a second pen be given to the Director.

6. In the case of withdrawal during Camps on a physician’s orders, two thirds of the fee for the unexpired Term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures.

Full name of parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

**Registration Fee:** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Registration fee does not include lunch and snack)**

**Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of Payment: Cash Cheque # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Parent Permission Form for Media Recording**

I do hereby grant permission to the Korean Canadian Cultural Association (KCCA) to use the image of my child. Such use includes the use of photographs and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Korean Canadian Cultural Association website.

I give permission for my child’s image to be used in print, video, and digital media. I agree that these images will only be used by KCCA for the purpose of advertising and that these images may be used without further notifying me. I do understand that the child’s name will not be used in conjunction with any video or digital images.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Korean Canadian Cultural Association (KCCA)**

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