



Wonder of Work Winnipeg Summer Camp Registration

Camp dates (please put first choice second choice, third choice next to the desired camp date)

- July 4-8 Ecole Varennes (22 Varennes Ave) _____
- July 11-15 Ecole Varennes (22 Varennes Ave) _____
- July 18-22 Garden City Collegiate (711 Jefferson Ave) _____
- July 25-29 Garden City Collegiate (711 Jefferson Ave) _____
- Aug 2-5*Garden City Collegiate (711 Jefferson Ave) _____
- August 8-12 Garden City Collegiate (711 Jefferson Ave) _____

Camps will operate Monday to Friday 9 am to 3:30

Cost is FREE – SPACE IS LIMITED-

Please email completed Registration to [Lori Schmitt-Ischmitt@careertrek.ca](mailto:Lori.Schmitt-Ischmitt@careertrek.ca)

Registration Information

First Name: _____ Last Name: _____

Preferred Name: _____ Preferred Pronouns: _____

Address: _____

City/Town: _____ Postal Code: _____

School: _____ Grade: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

Gender (please circle): Male Female Other/Prefer not to disclose

Primary Phone:(____) ____-____ circle type: Cell Home

Secondary Phone: (____) ____-____ circle type: Cell Home

Email: _____

Preferred method of contact (please circle): Cell / Home Phone / Email

Participant identifies as a person:

- With a disability of a visible minority With Refugee Status
- That is a Newcomer to Canada (settled within the last 5 years)
- Of Indigenous ancestry
- First Nations Inuit Metis Non-status

Health Information

Career Trek collects personal information for the purposes of communicating with parents/guardians, ensuring participant safety, and tracking program outcomes. We are committed to protecting your personal information.

Administration only:

Received:

Parent/Guardian Information

Primary Contact - Relationship to Participant: _____

First Name: _____ Last Name: _____

Address (if different than participant): _____

City/Town: _____ Postal Code: _____

Primary Phone:(____) ____-____ circle type: Cell Home Office

Secondary Phone:(____) ____-____ circle type: Cell Home Office Email:

Preferred method of contact (please circle): Cell / Home Phone / Email

Secondary Contact: - Relationship to Participant: _____

First Name: _____ Last Name: _____

Address (if different than participant): _____

City/Town: _____ Postal Code: _____

Primary Phone:(____) ____-____ circle type: Cell Home Office

Secondary Phone:(____) ____-____ circle type: Cell Home Office Email:

Preferred method of contact (please circle): Cell / Home Phone / Email

Career Trek publishes newsletters and issues occasional electronic information updates. Topics can include information on skilled trades, official events, organizational update, scholarships, contests and more. You can unsubscribe at any time.

Acknowledgment of Risks & Waivers

Career Trek only

Email: _____ No, I'm not interested

Family Medical Number: (6 digits) _____

Participant's Medical Number: (9 digits) _____

Participant has the following medical needs:

Allergies Dietary Concerns Asthma

Carries an Autoinjector (EpiPen) Carries an Inhaler Wears a Medical

Alert Bracelet Has a Disability

Has Additional Medical Concerns (please specify below)

Please provide us with the following details: name and detail of the condition, symptoms of allergy, triggers of condition or allergy, management strategy, dosage requirements (if medication is required). Food will be given to all participants, please ensure all dietary concerns are correct.

Emergency Contact

Emergency Contact (other than parents/guardians)

First Name: _____ Last Name: _____

Primary Phone:(____) ____-____

Secondary Phone:(____) ____-____

Relationship to Participant: _____

Signatures

I acknowledge that I have read and understood the above statements. If participant is under 18 years of age, a parent/guardian must sign.

Participant Signature: _____ Parent/Guardian Signature: _____ Date: _____

In the case that any in-person programming will occur during the project, I understand that injuries can arise by accident from the very nature of Career Trek (CT) I hereby release and waive all rights to any claim or action against CT from injury, loss, or damage to the participant named in this application.

I acknowledge that it is my responsibility to ensure the applicants safety before and after programming. I hereby release Career Trek from liability for any harm or injury suffered by the applicant, however the harm or injury is caused.

I hereby authorize Career Trek to seek emergency medical assistance for the applicant if the parents/guardians or emergency contact cannot be reached.

Career Trek photographs participants for administrative and promotional reasons.

- The administrative reasons for photographing participants include health, safety, and identification.

I understand that photographs of the participant may be taken and used for administrative reasons: Yes No

- The promotional reasons for photographing participants include raising awareness of Career Trek through advertising and marketing activities (news stories, paid advertising, and print materials).

I hereby authorize Career Trek to take, store, and use photographs/interviews of the participant for promotional purposes: Yes No

I give my consent for my child to participate in any off-site activity during the summer camp program. Transportation to and from these activities will be provided via school bus or van which will be under the supervision of at least two (2) camp staff members.

Transportation Consent

Yes

No

