



T'K'EMLÚPS

T E S E C W É P E M C

Tkek Yeel Stem Camp 2025 Registration &
Consent Form

Camper Information

First Name: _____

Last Name: _____

Gender: _____

Date of Birth: _____

Street Address: _____

City/Town: _____

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Care Card #: _____

Family Doctor: _____

Please check which weeks your child/youth will be attending camp?

Week 1: July 9-11 ☐

Week 2: July 14-18 ☐

Week 3: July 21-25 ☐

Week 4: July 28-Aug 1 ☐

Week 5: August 5-8 ☐

Week 6: August 11-15 ☐

Week 7: August 18-22 ☐

Week 8: August 25-29 ☐

OVERNITE: 2 nites per week (Wednesday/Thursday) we offer an option for campers to **sleepover** in our cabins, starting Week 2. Do you give permission for your child/youth to sleepover these days? ☐YES ☐NO

Please specify *which weeks* your camper will be sleeping over. **Example: Week 3 and 4. OR "All Weeks".**

HEALTH CARE INFORMATION

Are your child's immunizations up to date (Tetanus, Influenza, Hepatitis B, Diphtheria, Varicella, Chicken Pox, Covid-19, Measles): ☐YES ☐NO

Last Date of immunization: _____

Please list any and all medical conditions (and prescriptions/dose used to treat):

Do you give consent for camp staff to help and/or to directly administer medication/s?
☐YES ☐NO

Please check which non-prescription medications can be administered to the camper by camp staff as needed: ☐Ibuprofen/Motrin ☐Tylenol ☐After Bite ☐Benadryl ☐Gravol
☐Motrin ☐Deet (bug spray)

Does the camper require the use of an EPI-PEN? ☐YES ☐NO

Do you give your consent for camp staff to directly administer the Epi-Pen Dose to your child/youth in the case of an anaphylaxis reaction? ☐YES ☐NO

Comments/instructions:

Does your child/youth require a special diet or have food aversions? Explain:

Is your child/youth neurodiverse or do they have any physical limitations you wish to disclose. If so, how can we best provide support?

What is your child/youth swimming skill level? Please list any concerns

Is your child/youth susceptible to: colds, bed wetting, fear of the dark, sunstroke, fainting, sleepwalking, nosebleeds, headaches, motion sickness, or any other physical or psychological conditions that may require staff's attention or the camper's ability to do activities? Explain:

WAIVER & RELEASE OF LIABILITY

In the consideration of accepting my registration and allowing me to participate in the Tkek Yeel Stem Summer Camp, I, my heirs, executors, administrators and assigns hereby agree to:

1. Field Trips will be taken daily. Youth are required to be at the designated meeting area on time. Children will be transported to and from all events/camp activities by camp drivers.
2. Remember to dress accordingly for what activity we are doing each day (swimming gear, comfortable clothing for sports weeks and clothing that is ok to get messy)
3. Fun and participation is required for all activities

I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it and sign freely voluntarily, without inducement.

PARENT/ LEGAL GUARDIAN

For participants under the age of 19, the waiver & release of liability must be signed by his/her parent or guardian.

I, as the parent/ legal guardian of the participant named above and herein, agree to assume the full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Camp. I, as the parent/ legal guardian of the participant named herein, hereby declare that I have read, understood, and agree to the contents of this Waiver and Release of Liability in its entirety.

Parent/Guardian Name: _____

Signature: _____

Emergency Contact:

Emergency: _____