Please complete the camp registration form that follows.

Camper Registration Section – 2026

Child's Name _____

Gender: _____

Birth date (M/D/Y) _____/_____/_____

Address _____

City/Town _____

Postal Code _____

Parent(s') Name(s)

_____

_____

Work Phone(s)_____

Cell Phone (s)_____

Parent's E-mail

_____

Have you attended EYES before? Y / N

If no, how did you hear about EYES?

_____

_____

Elementary School _____

Grade entering in fall _____

Emergency Contact Name (other than parents)

_____

Emergency Contact Phone _____

Please list anyone else who has permission to sign out this camper at the end of the day. (Photo ID required)

_____

_____

Medical Issues, Allergies (include the severity), & Special Considerations:

_____

_____

_____

_____

My child has permission to leave on their own at end of day:
☐-Yes ☐-No

T-shirt Size (select one and check the appropriate box)

Youth or Adult
AND
☐-Small ☐-Medium ☐-Large ☐-X-Large

Check the week(s) you wish your child to attend:
Kawacatoose inSTEM Camp *August 10th - 13th*
(hosted at Kawacatoose First Nation)

Can we send you a short online survey to help reduce camp fees and improve the program?
☐-Yes ☐-No

My child is allowed to have the Friday pizza lunch.
☐-Yes ☐-No

My child can consume/taste edible experiments (children with severe allergies excluded)
☐-Yes ☐-No

Optional – For statistical purposes only – Is the camper...

☐-First Nation ☐-Métis ☐-Inuit ☐- Not Indigenous

The University of Regina strives to mitigate risks in all EYES activities by working closely with the U of R's Health, Safety & Environment, Risk Management, and Human Resource units and all activities are reviewed by multiple individuals in a three tiered safety and security review. EYES instructors are provided First Aid and U of R Safety training as safety is a core component of our programming. However, there are inherent risks that are associated with participating in the program that may

result in personal injury or loss or damage to my child's personal property.

Privacy Clause

I understand that the University of Regina collects and creates information about EYES campers for purposes of admission, registration, recruitment, safety, promotion, and the administration of the University and its programs and services. Some of this information may be reported as required by federal or provincial authority. By enrolling in EYES at the University of Regina, I consent to the collection, use, and disclosure of my own and my child's personal information as described above.

Photography/Use of Image Clause

I give the University of Regina, EYES (Educating Youth in Engineering and Science), its sponsors and Actua permission to take photographs and video (digital or otherwise) of my child and to reproduce the likeness of my child in any EYES informational, promotional or marketing material in any medium, and/or to televise my child's participation in EYES program activities for the purpose of promotion, fundraising, marketing, documentation and public display.

Informed Consent

I hereby give consent for my child's participation in EYES and related activities on and off campus. I understand that EYES is a program designed to encourage scientific interest and will involve hands-on activities and laboratory experiences. I understand that the EYES Program includes physical activity and I confirm that my child is physically and mentally able to participate in all activities of the EYES Program. I have disclosed to EYES personnel any medical conditions that my child has that may require care on campus or which EYES personnel should be aware of.

I agree that neither (Educating Youth in Engineering and Science), Actua, nor the University of Regina will be held liable for any injury to my child, or loss or damage to my child's personal property. In consideration of my child being allowed to participate in EYES, I, the parent/guardian of the child, on my own behalf and on behalf of my child, waive all present and future claims against the EYES, Actua, the University of Regina, and each of their respective directors, governors, employees, officers, servants, representatives, insurers and agents (and their respective successors and assigns) (collectively, the "Releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including negligence of any one or more of the Releasees), arising out of or in connection with my child's participation in EYES. I, on my own behalf and on behalf of my child, also agree to indemnify the Releasees for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my child's participation in EYES.

I authorize EYES to provide or cause to be provided such medical services / treatment as the University or medical personnel consider appropriate. I agree that in the event of illness, accident, emergency or any other circumstance requiring emergency medical treatment, such treatment may be procured by the University without legal or financial obligation of the University. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance.

The information in this application is correct and I am the parent or guardian of the child indicated below. I have read and agree to all terms and conditions on this application.

Child's Name (Print)

_____

Parent/Guardian Name (Print)

_____

Parent/Guardian Signature

_____

Date:_____

Camp is free!