





Program Co-ordinators
Lydia Vanderkooy, Anna Pocrnick, & Mackenzie Nolan

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/degrootesynergy  @DeGrootesynergy 



SYNERGY BUSINESS PROGRAM APPLICATION CONSENT FORM

APPLICATION INFORMATION

STUDENT'S NAME:		GENDER (CIRCLE): M F
DATE OF BIRTH:	ENTERING GRADE:	PHONE:
HOME ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
SCHOOL:		
EMAIL:		
T-SHIRT SIZE:		

PARENT CONTACT

PARENT/GUARDIAN NAME:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
EMAIL:		

EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED)

CONTACT NAME:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
EMAIL:		

HEALTH INFORMATION

FAMILY DOCTOR:	DOCTOR PHONE:
SUBSCRIBER'S NAME:	HEALTH CARD #:
ALLERGIES:	
RITALIN:	EPI-PEN:
MEDICATION:	
OTHER:	



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CONSENT POLICY

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational and educational activities, from and at camp. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both. I hereby agree that McMaster University, its faculty, staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities, property damage or lost property. I have thoroughly read the information pertaining to the program and understand all potential dangers. All registrants must participate in all activities listed in the program schedule. If a participant has temporary restriction (i.e. flu, physical injury, etc.), please ensure we are informed on a daily basis, in writing. If at any time emergency medical treatment is necessary for my child, I give consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and or emergency contacts. McMaster University may decline a camper due to physical and/or verbal abuse towards staff and campers. I hereby authorize McMaster University to take photographs of my named in this application during camp activities and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with Synergy Summer Program and the DeGroote School of Business. I hereby authorize the travel to and from the Greater Toronto Area (GTA) via Attridge Bus Service and GoTransit. In case of emergency, I give my child permission to be treated. The information in this form is collected under the authority of The McMaster University Act, 1976. It is required by the University for, and related directly to, the administration and operations of the Synergy Summer Program including registration, payment of camp fees and obtaining parental consent. The Health Card number and relevant medical information of the participant is needed in the event of an accident or injury. The information provided will be used to register camp participants, receive camp fee payments and issue refunds, apply parental consent and facilitate the provision of medical services in the event of an accident or injury to a camp participant. The information you provide will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (RSO 1990) and will be disclosed only in accordance with this Act. If you have any questions about the collection and use of this information please contact [the contact person should be whomever is responsible for the camp].

ACKNOWLEDGE

I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all of the foregoing. I authorize the verification of the information provided on this form.

SIGNATURE OF GUARDIAN

DATE:

SIGNATURE OF PARTICIPANT

DATE: