

SUMMER PROGRAM REGISTRATION FORM 2016

Thank you for choosing One More Story Games (OMSG) for our summer "Create a Video Game" course!

By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to OMSG: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

MAIN CONTACT

LAST NAME:	FIRST NAME:	GENDER:	<input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:	
ADDRESS:	CITY:	POSTAL CODE:	
EMAIL:			

SECONDARY CONTACT/ALTERNATE

LAST NAME:	FIRST NAME:	GENDER:	<input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:	
ADDRESS:	CITY:	POSTAL CODE:	
EMAIL:			

PARTICIPANT INFORMATION

LAST NAME:	FIRST NAME:	GENDER:	<input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM/DD/YY):			
T SHIRT SIZE:	Adult S M L XL		

Does your child have your permission to be released on their own at the end of their camp day?

Yes No

Signature: _____

CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to OMSG. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by OMSG staff. I hereby agree that any behaviour of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, OMSG reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct. Signature: _____

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

Yes No If yes, we will contact you for additional information.

HEALTH HISTORY AND PERSONAL INFORMATION

Is the participant under any form of treatment for an illness, condition or injury? Yes

No If yes, please explain and detail routines, medications, adaptations etc.

Does your child have any medical or behavioural conditions that we should be aware of?

Yes No If yes please take a moment to explain:

Carries Epi-pen: Yes No

For: _____

Wears Medic-Alert Bracelet: Yes No

For: _____

Allergies

Seasonal Yes No _____

Insect Yes No _____

Drugs Yes No _____

Other Yes No _____

Food Yes No _____

ALTERNATE/EMERGENCY PICK UP

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by OMSG staff when the parent/guardian can't be reached.

ALTERNATE CONTACT #1

Name: _____ Relationship: _____

Cell phone: _____

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Requests for cancellations or refunds must be made in writing and submitted to Jean Leggett at OMSG (jean@onemorestorygames.com). Cancellation requests received at least 28 days before the start of camp will receive a refund minus an administration fee of \$50. Cancellation requests received with less than 28 days notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after 12 p.m. on the Friday one week before the program session starts will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons.

I have read and understand the Cancellation and Refund Statement. Signature: _____

PAYMENT METHOD

Total Fees Due \$300 plus HST (\$339.00) if paying by cheque, cash or Interac email

\$315 plus HST (\$355.95) if paying by credit card via PayPal

PAYMENT:

Cheque - Please make cheque payable to One More Story Games

To pay by credit card, please visit <https://onemorestorygames.com/video-game-summer-camp/> and select the appropriate camp dates.

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

PURPOSES: For marketing, advertising, promotional and/or communication purposes, OMSG may, from time to time, take photographs and/or video recordings of OMSG based activities or events that include real people, which may be used by OMSG in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by OMSG (an “**Authorized Third Party**”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, OMSG (collectively, the “**Purposes**”).

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by OMSG for the Purposes, you are assigning to OMSG, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by OMSG and any Authorized Third Party for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on OMSG property and/or participating in OMSG activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by OMSG or any Authorized Third Party in connection with the Purposes**, including without limitation on OMSG internet web sites, in OMSG printed materials, or in any other materials or medium whatsoever and wherever (the “**Work Product**”). I confirm that neither OMSG nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of OMSG. **I hereby irrevocably assign to OMSG any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of OMSG and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that OMSG has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

I agree that I will not bring or consent to others bringing a claim or action against OMSG on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of OMSGs, any Authorized Third Party and their respective** officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name of Participant: _____ Telephone No.: _____

Signature of Witness _____ Signature of Participant _____

Print Name of Parent or Guardian, if applicable _____

Signature of Parent or Guardian, if applicable _____

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by OMSG with a designated contact cannot be made, I hereby authorize and grant permission to OMSG staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold OMSG responsible for any costs or injury arising out of an emergency situation. ____ Please initial

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer. ____ Please initial

Date: _____

Camper name: _____

Name of parent or guardian: _____

Parent or guardian signature: _____

FOR OFFICE USE ONLY

Date Received: _____	Date Processed: _____		Staff Initials: _____
	Receipt Sent by: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Mail: _____	Barcode: _____	