



Medical Information and Consent Form

YOUTH WEEKS:

THIS FORM MUST BE COMPLETED AND RETURNED TO SUMMER GRAVITY CAMP VIA MAIL, FAX OR EMAIL BEFORE CAMP STARTS (See Page 3)

ADULT WEEKS:

PLEASE HAND IN UPON ARRIVAL ONLY

Camper Information and Emergency Contact

Camper's Name

Camp Dates Attending

Date of Birth (MM/DD/YYYY) & Gender (M / F)

Emergency Contact Name

Camper's Cell Phone #

Camper's Home #

Phone Number

Alternative Phone Number

E-Mail Address

Camper's Address

Health Care Number and Expiration if applicable

City, Province/State, Postal Code/Zip Code, Country

(Canadian Residents Only)

Medical Information

Physician's Name / Phone Number (in case of an emergency)

Medical Conditions / Relevant Medical History (please explain): Yes _____ No _____

Allergies/Special Health Considerations(please explain): Yes _____ No _____

***** Camp registration costs are non-refundable in the event that an injury or unforeseen event prevents you from completing your week of camp. It is strongly recommended that you purchase cancellation/ trip interruption insurance for your camp. Page 3*****

ADULT AND YOUTH CAMPERS:

The Whistler Health Care Centre or other medical facility will require full payment at time of treatment if the treatment is not covered by the Medical Services Plan of BC. Please provide your credit card number to prevent any delay in care. The Clinic or medical facility will issue you the necessary forms/documents to apply for reimbursement from your insurance provider, if required.

Credit card number: _____ Expiry date: _____

Print name on card: _____

Cardholder's signature: _____

Date: _____

Adult Campers Only: The credit card information above can be left blank if you will ride with your credit card daily during your time at SGC. As mentioned above, you must pay the Whistler Health Care Center during your visit there.

YOUTH CAMPERS

HOTEL DAMAGE & PHONE DEPOSIT AGREEMENT (if applicable)

I, _____, do hereby agree that **Summer Gravity Camp** may bill my credit card for telephone calls or other room charges incurred, and do furthermore agree pay for any damages sustained to the room or premises occupied by myself or the camper named below while attending the **Summer Gravity Camps**. The credit card details provided above for medical purposes will be billed and I will be notified of the charge/reason for billing.

Parent/guardian Signature: _____

MEDICAL CONSENT (applies to ALL CAMPERS 18 years old and under)

Camper's Name: _____

I am the parent or legal guardian of the camper named above and I consent to the camper attending Summer Gravity Camps and participating in the full range of camp activities offered. I understand and agree that the operator of Summer Gravity Camps and its coaches, counsellors and representatives are not responsible for any injury the camper may suffer while participating in Summer Gravity Camps.

In the event the camper becomes ill or suffers an injury while participating in Summer Gravity Camps, I consent to the camper receiving any medical treatment that, in the opinion of the attending health care provider, is necessary. If the consent of a parent or guardian of the camper is specifically required in respect of any medical treatment, I authorize Summer Gravity Camps or its delegates to consent on my behalf based on the advice of the attending health care provider. I understand that in the event of an emergency, Summer Gravity Camps will use reasonable efforts to contact the Emergency Contact prior to consenting to medical treatment for the camper, however the need for an immediate decision regarding medical treatment for the camper may make such contact impossible.

I consent to the camper being treated at the Whistler Health Care Centre or any other medical facility that is appropriate in the circumstances. I understand that Summer Gravity Camps is not responsible for the costs of any medical treatment of the camper. I understand that if the treatment is not covered by the Medical Services Plan of BC, the costs of medical treatment must be paid in advance and authorize and agree that such costs may be charged to my credit card.

Parent/Guardian Signature: _____

Name of Parent/Guardian: _____

Date: _____

Important:

Camp registration costs are non-refundable in the event that an injury and/or unforeseen event prevent you from completing your week of camp. It is strongly recommended that you purchase Trip Cancellation/ Trip Interruption Insurance along with your Medical Insurance for your week at SGC. We also recommend that this insurance is purchased in case you injure yourself prior to camp starting (it happens more than you think!).

Please make note of our cancellation policy:

- **More than 3 weeks before camp starts:** Refund with \$250 Cancellation Fee or Full Credit towards SGC 2020 with \$100 Administration Fee applied. No refund or credit on accommodation (see below).
- **Less than 3 weeks before camp starts:** Refund with \$500 Cancellation Fee or Full Credit towards SGC 2020 with \$100 Administration Fee applied. No refund or credit on accommodation (see below).
- **Less than 2 weeks before camp starts:** \$500 Cancellation Fee or Full Credit towards SGC 2020 with \$100 Administration Fee applied. No refund or credit on accommodation (see below).
- **Less than 1 week before camp starts:** No refund. Potential partial credit depending on individual circumstances which must be approved by SGC team. No refund or credit on accommodation (see below).
- **Accommodation:** Cannot be refunded less than one month before camp starts.
- **Bikes Rentals:** Can be cancelled and refunded up to 24 hours before camp starts.

INSTRUCTIONS

Please complete pages 1 and 2 along with our other necessary waivers:

1. Bike Park Program Waiver (allows you to ride in the bike park)
2. Model Release (allows us to film and take your photo)
3. Rental Waiver (if applicable).

ADULT WEEKS:

PLEASE DROP OFF WAIVER UPON ARRIVAL ONLY! (Bike Park waiver can be done online by following link on SGC receipt)

YOUTH WEEKS

1. Keep a copy of the form for your own records
2. Send in the signed copies to Summer Gravity Camps using one of the following options:

Mail:

Summer Gravity Camps
Whistler Blackcomb Resort
4545 Blackcomb Way
Whistler, BC, VON-1B4, Canada

Fax

(604) 938-7527

Email

info@summergravitycamps.com

If you have any questions in regards to SGC, please e-mail info@summergravitycamps.com or if you have any questions or need assistance with your registration please call Whistler Blackcomb Central Reservations team at 1.800.766.0449

We look forward to seeing you at SGC!