Guest's Name: _____

ADDITIONAL SERVICES

Coach Service	❑ To Resort	❑ From Resort	❑ Roundtrip
Airport Service	❑ To Resort	❑ From Resort	❑ Roundtrip
Train Service	❑ To Resort	❑ From Resort	❑ Roundtrip
Laundry Service	❑ (available for guests staying for two or more consecutive weeks)		

PROGRAM & WEEK SELECTION

Due to the high number of guests registering for the summer, your daily sports schedule will be designed based on your registration form and without reference to your cabinmate's or friend's schedule.

SUMMER 2003 WEEKS: **1** = June 28-July 5 **2** = July 5-12 **3** = July 12-19 **4** = July 19-26 **5** = July 26-Aug 2 **6** = Aug 2-9 **7** = Aug 9-16 **8** = Aug 16-23 **9** = Aug 23-29 "TEEN CLASSIC"

PROGRAMS	WEEKS (See dates above)	FANATICS & ELECTIVES
Circuit-6 9-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	Electives:
Fanatic/Fanatic Plus 9-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	Fanatic(s): Electives:
Hockey (Bring your own equipment.) 9-17 yrs	❑1 ❑2	Fanatic/Electives:
Horseback Riding 12-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8	
Mountain Bike (Bring your own equipment.) **Freeriding** 12-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	
Paintball ❑ Check here to purchase an additional case of 2000 paintballs 12-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	
Choose one: ❑ **Wakeboarding or** ❑ **Waterskiing** 9-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	
Hollywood North 14-17 yrs	❑1 & 2 ❑7 & 8	Electives:
B3 (Bring your own equipment.) 9-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	Choose one: ❑ Skateboard ❑ In-line Skating ❑ BMX Freestyle
Wake X 12-17 yrs	❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	Choose your helmet size: ❑ Small/Medium ❑ Large/X-Large
Rookie 7-8 yrs	❑1 ❑2 ❑3 ❑4 ❑5	Additional Information:
Kitchen Sink 9-14 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8	
Rage 12-17 yrs	❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9	
Venture Outdoor Series 14-17 yrs	❑ 2-Whitewater ❑ 3-Algonquin ❑ 6-Whitewater ❑ 8-Algonquin ❑ 7-Sea Kayaking	There will be an opportunity to sign up for **FISHING** at the time of your arrival.

F Choose one: ADULT T-Shirt Size ❑S ❑M ❑L ❑XL YOUTH T-Shirt Size ❑S ❑M ❑L ❑XL

2003 HEALTH AND MEDICAL FORM

Office Use Only
1 2 3 4 5
6 7 8 9

PLEASE PRINT

Each guest MUST have a Muskoka Woods Health Form filled out and signed each year by a parent or guardian. Your physician is not required to complete your child's health form.

Guest Name: _____ (Last / First) Gender: ❑ M ❑ F

Contact Name: _____ Province/State: _____

Relationship: _____ Postal Code: _____

Mailing Address: _____ Contact Phone: _____

City: _____ Birthdate: _____ (Month / Day / Year) Summer Age: _____

Please provide a PHOTOCOPY of the following insurance documents:

❑ Ontario Health Card #: _____ Version code: _____ (1-2 letters, if applicable)

OR

❑ Other Insurance Provider & Policy #: _____

Important Information - Please READ and SIGN

Consent to Treatment, Waiver, Release and Conditions of Enrollment

Health Coverage: Each guest must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits (emergency room, X-rays, etc.). You will be responsible to seek reimbursement from your own insurance company for such expenses. **Medical Treatment**: I hereby give permission to the physician and nurses selected by the Muskoka Woods Director to assess and give medical treatment, including prescriptions, when necessary, to my son/daughter. In the event that a guest requires special medication, transportation, X-ray or treatment beyond that which is possible at the resort, the parents will be charged with the additional expense. *In case of surgical emergency*, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above and will be responsible for any additional expense that may result from such services. **Liability**: While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Muskoka Woods. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. By signing below, you are releasing the employees, Directors, and Officers of Muskoka Woods and the employees of facilities outside the resort grounds from any and all claims for liability (which may include liability for personal injury) arising from your child's participation in the sports and activities of Muskoka Woods. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release. **Dismissal**: The Director reserves the right to dismiss a guest without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named guest's participation in the Muskoka Woods program. **Custody**: The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Muskoka Woods, including a photocopy of the section of any court order referring to visitation rights. **Lost Items**: Muskoka Woods is not responsible for personal items that are lost, stolen or damaged. **Photos**: I grant permission to Muskoka Woods and to any third party authorized by Muskoka Woods to use photos, videos, or any other recording or reproduction of the guest in any medium for use in promotional materials and/or as otherwise seen fit by Muskoka Woods.

I have read this application and the 2003 Registration Guide thoroughly and I accept the conditions of enrollment and cancellation policies of Muskoka Woods.

Name of Parent/Guardian (PLEASE PRINT) _____ **Parent/Guardian Signature** _____ **Date** _____

Parents/Guardians will be contacted if your child experiences any serious illness or major injury. However, our medical staff are unable to call about every child that makes a visit to the Health Care Centre. If you wish to be informed of **medical treatment or medication** deemed necessary, please indicate here. ❑

It is our policy at Muskoka Woods that **ALL** medication be brought to the Health Care Centre upon arrival. Medications **must** be in the original prescription container.

Will your child be bringing the following medications? **Inhaler/Bronchodilator** ❑ Yes ❑ No **Epipen** ❑ Yes ❑ No

If yes, your child will be required to carry this medication at **all** times - please provide a **HIP POUCH.** **G**