

Thank you for choosing Forensic Science Camp!

Enclosed you will find our registration booklet. Please complete the forms (this document is fillable), and return to us via email, or mail. You will be contacted to confirm payment and registration once this is received. Forms must be completed, signed, and returned before the camp commences for your child to participate. Contained herein are:

- ☐ Registration & Payment Forms (p. 2-4)
- ☐ Health/Emergency Information Forms (p. 5-6)
- ☐ Waiver Forms (p. 7-8)
- ☐ Media Release Form (p. 9)
- ☐ Off-Campus Activity Form (p. 10)
- ☐ Consent for Buccal Swab/DNA Profiling Services Form (p. 11)

Please return all forms to us by no later than June 9th, 2023 at 4pm (EDT):

**Trent University Conference Services
Lady Eaton College, Suite 101
1600 West Bank Drive
Peterborough, ON K9L 0G2**

Email: conferences@trentu.ca

If you have questions or require further information, please do not hesitate to contact Conference Services: 705-748-1260 or conferences@trentu.ca.

Sincerely,

Trent University Forensic Science Camp Coordinators

Facebook: @ForensicScienceCamp

Twitter: @forensiccamp

Instagram: @forensiccamp

REGISTRATION & PAYMENT INFORMATION

CAMPER INFORMATION

FIRST NAME	
LAST NAME	
AGE (13-17)	
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
CAMP T-SHIRT SIZE	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL
SPECIAL REQUIREMENTS <i>(*short, please provide details on page 4)</i>	
STREET ADDRESS	
CITY	
PROVINCE/STATE	
POSTAL CODE	
PHONE NUMBER 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
PHONE NUMBER 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL ADDRESS	
<input type="checkbox"/> Use this email as the primary contact for all communications.	

PARENT/GUARDIAN INFORMATION

FIRST NAME	
LAST NAME	
RELATIONSHIP	
STREET ADDRESS	
CITY	
PROVINCE/STATE	
POSTAL CODE	
PHONE NUMBER 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
PHONE NUMNER 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL ADDRESS	
<input type="checkbox"/> Use this email as the primary contact for all communications.	

Forensic Science Camp Registration

Summer 2023; July 23-28



CAMP PROGRAM ***all prices include applicable 13% HST*

DAY OR RESIDENTIAL	<input type="checkbox"/> Day Camper = \$350.00	<input type="checkbox"/> Residential Camper = \$850.00
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DAY CAMPER MEAL PLAN *(options for **day campers** only)*

**Note: all meals must be purchased at registration.*

☐ None (I will bring my own meals/I'm a residential camper) = \$0.00

BREAKFAST = \$19.78 each

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

LUNCH = \$23.73 each

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

DINNER = \$27.69 each

☐ Sunday

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday (*Banquet Night*)

TOTAL COST

Camp Registration Cost = \$

Breakfasts = # x \$19.78 = \$

Lunches = # x \$23.73 = \$

Dinners = # x \$27.69 = \$

To Be Paid (Sum of Above) = \$

CAMP PAYMENT

A 50% deposit of the *amount indicated by the above* must be provided to secure your spot. The final 50% must be received by June 9, 2023 at 4 pm (EDT). Cancellations prior to June 9, 2023 will be entitled to a full refund less a \$35.00 administration fee. After June 9, 2023 no refunds will be provided. Bursary winners will receive an email by June 2, 2023 indicating the amount award. The remaining balance must be paid by June 9, 2023.

PAYMENT METHOD	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Money Order
CREDIT CARD PAYMENTS	Cardholder Name:
	Card Number:
	Expiration Date: CCV:
	Issuing Bank:
MONEY ORDERS	Make payable to: <i>Trent University</i> Mail to: <i>Trent University, Conferences Services</i> <i>Lady Eaton College, Suite 101</i> <i>1600 West Bank Drive Peterborough, ON K9L 0G2</i>

The above card holder agrees that all information provided is accurate and complete. The card holder agrees to the charge of **50% of the above amount as initial payment upon registration** and authorizes Trent University Conference & Hospitality Services to **charge the remaining 50%, less the amount of any bursary awarded by Forensic Science Camp, by June 9th, 2023**. The card holder also acknowledges that all orders may be immediately terminated if any charges are declined or charge backs are claimed against any outstanding invoiced amount.

CARD HOLDER SIGNATURE: _____

Click above to insert an image of your signature

EMERGENCY & HEALTH INFORMATION

EMERGENCY HEALTH INFORMATION

FIRST NAME	
LAST NAME	
DATE OF BIRTH	
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
HEALTH CARD NUMBER	
VERSION CODE	

EMERGENCY CONTACT #1

FIRST NAME	
LAST NAME	
RELATIONSHIP	
STREET ADDRESS	
CITY	
PROVINCE/STATE	
POSTAL CODE	
PHONE NUMBER 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
PHONE NUMNER 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

EMERGENCY CONTACT #2

FIRST NAME	
LAST NAME	
RELATIONSHIP	
STREET ADDRESS	
CITY	
PROVINCE/STATE	
POSTAL CODE	
PHONE NUMBER 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
PHONE NUMNER 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

HEALTH & SPECIAL REQUIREMENTS

Do you have any health conditions (e.g., allergies, chronic illnesses), special circumstances (e.g., religious convictions, legal arrangements) or dietary restrictions/preferences (e.g., lactose intolerance, vegetarian) which may affect program participation or that we should be made aware of prior to emergency treatment?

Do you require special accommodations (i.e., visually or hearing impaired, wheelchair bound, unable to climb stairs without assistance)? If yes, please explain specific accommodation needs.

Please list any medications you are currently taking (e.g., insulin, asthma inhaler) along with appropriate administration instructions if applicable:

I hereby certify that the above information is correct.

PARENT/GUARDIAN SIGNATURE: _____

Click above to insert an image of your signature

DATE: _____

**FORENSIC SCIENCE CAMP PARENTAL CONSENT RELEASE, WAIVER OF LIABILITY,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (the “AGREEMENT”)**

NAME OF PARTICIPANT: _____

IN CONSIDERATION of my minor child (“Camp Participant”) being given the opportunity to participate in the Forensic Science Camp (the “Camp”) organized by Trent University (“Trent”) I,

1. UNDERSTAND that: The Camp is an exceptional educational opportunity, but it is not without certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, cancellation.

The Camp involves activity-specific risks, dangers, hazards and liabilities. These include, but are not limited to, exposure to biohazardous substances, chemical irritants, and potentially carcinogenic reagents. Appropriate handling techniques, rules, policies and guidelines for such substances and materials are in place and will be communicated by Camp Staff to Camp Participants when applicable. It is the responsibility of each Camp Participant to adhere to these handling techniques, rules, policies and guidelines to ensure both personal safety and the safety of other Camp Participants.

Camp Participants are expected to conduct themselves in a manner following our *Camp Code of Conduct* (available online and provided to campers prior to camp start date). Failure to do so will result in immediate expulsion from camp at the expense of the participant. Refunds, travel, and/or accommodation cost will not be provided should participants violate this agreement.

2. FULLY UNDERSTAND that:
 - (a) Trent will not accept any liability for injury, loss, damage or expense sustained as a result of any person’s participation in the Camp.
 - (b) Risks and dangers may be caused by the Camp Participant’s own actions, or inactions, the actions or inactions of others participating in the Camp, the conditions in which the Camp takes place, or the negligence of the “Releases” named below; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of the Camp Participant’s participation in the Camp.

Forensic Science Camp Registration

Summer 2023; July 23-28



3. HEREBY RELEASE, discharge and covenant not to commence any legal action against Trent University, their administrators, directors, agents, officers, volunteers, and employees, other participants, and if applicable, owners and leasers of premises on which the Camp takes place, (each considered one of the “Releases” herein) from all liability, claims, demands, actions or causes of action, losses, or damages on the Camp Participant’s account caused or alleged to be caused, in whole or in part by the negligence of the Releases or otherwise, and I further agree that if, despite the RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on the Camp Participant’s behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees on a solicitor-and-client basis, loss, liability, damage, or cost which may occur as the result of such claim.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I, AND THE CAMP PARTICIPANT, HAVE GIVEN UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

I have signed this agreement freely and without any inducement or assurance of any nature.

CAMPER NAME: _____

CAMPER SIGNATURE: _____

Click above to insert an image of your signature

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Click above to insert an image of your signature

DATE: _____

MEDIA RELEASE FORM

During the Forensic Science Camp, the Peterborough Examiner and other local media organizations may be present to film promotional programs, conduct interviews and take photographs for print coverage. You may be asked to give your opinion on your experience of the Forensic Science Camp during this time, or you may simply appear on camera while participating in the Camp activities.

Your involvement in this endeavour is by no means mandatory. Anyone who is uncomfortable with being filmed and who chooses not to participate will not be approached by media representatives, crew and will not be filmed or photographed.

- ☐ I hereby give my permission for local media organizations to use my photograph/image/audio recording in media coverage of the Forensic Science Camp.
- ☐ I do not give my permission for local media organizations to use my photograph/image/audio recording.

CAMPER NAME: _____

CAMPER SIGNATURE: _____

Click above to insert an image of your signature

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Click above to insert an image of your signature

DATE: _____

OFF-CAMPUS ACTIVITY FORM

During the Forensic Science Camp there is the possibility that your child may be taken off-campus for activities such as a Movie Night at Galaxy Cinemas, and a trip to the Peterborough Zoo. Students will be transported to and from campus via school bus.

Payment of transportation to such activities is covered through Forensic Science Camp fees, but Campers may want to bring additional money for souvenir items, snacks, etc.

Supervision will be provided at all times by Camp Staff and at no time will your child be left unattended. Rules and guidelines for appropriate behaviour during off-campus trips will be discussed with the Campers before leaving campus, and misbehaviour will result in dismissal from the Forensic Science Camp.

☐ I give my child permission to participate in Off-Campus Activities

☐ I do not want my child to participate in Off-Campus Activities

CAMPER NAME: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Click above to insert an image of your signature

DATE: _____

CONSENT FOR BUCCAL SWAB/DNA PROFILING SERVICES**

A buccal swab is a technique used to obtain cellular material for the purpose of DNA Profiling. It is a painless procedure in which a small swab is brushed against the inside of the cheek to harvest skin cells from which DNA is extracted.

Consent for DNA profiling services

Disclaimer: I understand that the DNA profile provided by Trent University and the Natural Resources DNA Profiling and Forensics Centre (NRDPFC) is strictly for my personal use, and release both Trent University and the NRDPFC from any liability in connection with this profile.

Terms and Conditions

I hereby certify that I am voluntarily supplying these samples, appropriately collected and labelled, to Trent University and the NRDPFC for the purpose of generating a DNA profile. These results are being obtained for my personal information only. I understand that after the results have been sent to me via email, the remainder of my sample as well as the profile itself will be destroyed by Trent University and the NRDPFC.

CAMPER NAME: _____

CAMPER SIGNATURE: _____

Click above to insert an image of your signature

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Click above to insert an image of your signature

DATE: _____

COVID-19 NOTE: *It is intended that students are able provide their buccal swab for the development of their own DNA Profile during camp. However, this is subject to Public Health Guidelines given COVID-19 regulations by the Province and Trent University Health and Safety. Further details and/or alternatives will be provided on the first day of camp.*