



Program Bursary Application



Applications must be fully completed and received by 5pm June 9, 2017 to be considered.

Letters may accompany this application. EYES will only offer bursaries for applications for one week of camp as we have limited funds.

Applicant (Child) Information (All information will remain confidential):

First Name	Last Name

Reported combined net income from 2016 tax return for your family (required)

How many people are in your family (number)?

Amount of funding requested:

Why do you need a bursary for EYES? (Please remember that selection is based solely on need.)

Is there anything else you would like to tell us?

Declaration: I hereby declare that all information given above is true and complete in every respect, that I have answered all questions on this form and that the bursary is essential to my child coming to camp. Furthermore, I agree that EYES has first claim to monies awarded, and that if my circumstances change from those reported on this application, the bursary may be rescinded.

Signature of Parent/Guardian: _____ Date: _____

For Office use Only
Bursary Granted: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> no

Please complete the camp registration form that follows.

Camper Registration Section – 2017

Child's Name _____

Gender: _____

Birth date (M/D/Y) ____ / ____ / ____

Address _____

City/Town _____

Postal Code _____

Parent(s) Name(s)

Work Phone(s) _____

Cell Phone (s) _____

Parent's E-mail

I would like a confirmation letter via: - email -mail

Have you attended EYES before? Y / N

If no, how did you hear about EYES?

Elementary School _____

Grade entering in fall _____

Emergency Contact Name (other than parents)

Emergency Contact Phone _____

Please list anyone else who has permission to sign out this camper at the end of the day. (Photo ID required)

Medical Issues, Allergies (include the severity), & Special Considerations:

My child has permission to leave on their own at end of day:

-Yes -No

T-shirt Size (select one and check the appropriate box)

Youth or Adult

AND

-Small -Medium -Large -X-Large

Check the week(s) you wish your child to attend:

Regina Camps

Date

EYES Jr. (Gr. 2-3)

July 3-7 (Discovery)

EYES Camp (Gr. 4-9)

July 10-14 (Innovation)

E-Design (Gr. 5-6)

July 17-21 (Discovery)

E-Design (Gr. 7-9)

July 24-28 (Innovation)

All-Girls (Gr. 4-9)*

July 31- Aug 4 (Discovery)

All-Girls Jr (Gr. 2-3)*

Aug 7-11 (Innovation)

All-Girls EDesign (Gr. 4-9)*

Aug 14-18 (All-Stars)

*All-Girls programming is not offered weekly, unlike other EYES and EDesign programs. All-Girls programs weeks are colour coded based on their availability.

Can we send you a short online survey to help reduce camp fees and improve the program?

-Yes -No

My child is allowed to have the Friday pizza lunch.

-Yes -No

My child can consume/taste edible experiments (children with severe allergies excluded)

-Yes -No

Optional – For statistical purposes only – Is the camper...

-First Nation -Métis -Inuit - Not Aboriginal

The University of Regina strives to mitigate risks in all EYES activities by working closely with the U of R's Health, Safety & Environment, Risk Management, and Human Resource units and all activities are reviewed by multiple individuals in a three tiered safety and security review. EYES instructors are provided First Aid and U of R Safety training as safety is a core component of our programming. However, there are inherent risks that are associated in participating in the program that may result in personal injury or loss or damage to my child's personal property.

Privacy Clause

I understand that the University of Regina collects and creates information about EYES campers for purposes of admission, registration, recruitment, safety, promotion, and the administration of the University and its programs and services. Some of this information may be reported as required by federal or provincial authority. By enrolling in EYES at the University of Regina, I consent to the collection, use, and disclosure of my own and my child's personal information as described above.

Photography/Use of Image Clause

I give the University of Regina, EYES (Educating Youth in Engineering and Science), its sponsors and Actua permission to take photographs and video (digital or otherwise) of my child and to reproduce the likeness of my child in any EYES informational, promotional or marketing material in any medium, and/or to televise my child's participation in EYES program activities for the purpose of promotion, fundraising, marketing, documentation and public display.

Informed Consent

I hereby give consent for my child's participation in EYES and related activities on and off campus. I understand that EYES is a program designed to encourage scientific interest and will involve hands-on activities and laboratory experiences. I understand that the EYES Program includes physical activity and I confirm that my child is physically and mentally able to participate in all activities of the EYES Program. I have disclosed to EYES personnel any medical conditions that my child has that may require care on campus or which EYES personnel should be aware of.

I agree that neither (Educating Youth in Engineering and Science), Actua, nor the University of Regina will be held liable for any injury to my child, or loss or damage to my child's personal property. In consideration of my child being allowed to participate in EYES, I, the parent/guardian of the child, on my own

behalf and on behalf of my child, waive all present and future claims against the EYES, Actua, the University of Regina, and each of their respective directors, governors, employees, officers, servants, representatives, insurers and agents (and their respective successors and assigns) (collectively, the "Releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including negligence of any one or more of the Releasees), arising out of or in connection with my child's participation in EYES. I, on my own behalf and on behalf of my child, also agree to indemnify the Releasees for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my child's participation in EYES.

I authorize EYES to provide or cause to be provided such medical services / treatment as the University or medical personnel consider appropriate. I agree that in the event of illness, accident, emergency or any other circumstance requiring emergency medical treatment, such treatment may be procured by the University without legal or financial obligation of the University. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance.

The information in this application is correct and I am the parent or guardian of the child indicated below. I have read and agree to all terms and conditions on this application.

Child's Name (Print)

_____ **Parent/Guardian Name (Print)**

_____ **Parent/Guardian Signature**

Date _____

Payment Information

-Cash -Cheque -Visa -Mastercard
Cardholder's Name

_____ Card Number

_____ Expiry Date(MM/YY) ____ / ____ CVV _____