

984 PORTAGE AVE. WINNIPEG, MB R3G 0R6	EXPERIENCEMOMENTA.COM
	F / 204.808.9722
ENTRANCE ON AUBREY ST.	F / 204.415.4327

Program:

Date:

Participant Name _____

Birthdate of Participant _____ Age _____ Gender/Pronoun: _____

Languages spoken _____

Mailing Address _____

Name of Parent(s) or Guardian(s) _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Doctor's Name _____ Doctor's Phone (____) _____

Manitoba Health Number _____

Emergency Contact Name _____ Relationship _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Emergency Contact Name _____ Relationship _____

Home Phone (____) _____ Work or Cell Phone (____) _____

General Medical History

Does participant have a history of	Yes	No
1. Respiratory problems		
2. Asthma		
3. Gastrointestinal disturbances		
4. Diabetes		
5. Blood disorders		
6. Neurological problems		
7. Seizures		
8. Dizziness, fainting		
9. Migranes		
10. Disorders of urinary tract		
11. Hypertention		
12. Cardiac problems		
13. Fractures		
14. Sprains		
15. Other joint or muscle injury		

Does participant have a history of	Yes	No
16. Allergies to foods		
17. Dietary restrictions		
18. Environmental allergies		
19. Allergies to Medications		
20. Treatment for menstrual cramps		
21. Pregnant		

If YES to 1-21, please complete the next table. Attach a separate sheet if necessary.

Number	Specifics

	Yes	No
22. Is the participant bringing medication to the program?		

If YES to 22, please complete the next table. Attach a separate sheet if necessary.

Medication	Dosage amount	Time of day	For what condition

Momenta's health officer will provide OTC medications for minor illnesses/complaints. Please initial the medications below that your child may be given if deemed necessary:

___ Pain/Fever Relief (Tylenol, Ibuprofen)

___ Antihistamines (Benadryl)

___ Cold/Cough (cough syrup, cough drops)

___ Topical (antibacterial ointment, Calamine)

___ Stomach Upset (Pepto, TUMS)

Personal History

Is the participant currently experiencing:	Yes	No
23. Addiction to tobacco cigarettes		
24. Substance abuse		
25. Eating disorder		
26. Anxiety disorder		
27. Depression		

Is the participant currently experiencing:	Yes	No
28. Behaviour disorder		
29. Trouble sleeping or sleep disorders		
30. Impacts from a history of trauma or a traumatic event		
<p>If YES to 23-29 include triggers, reactions and treatment *Please note that if your child is addicted to smoking tobacco cigarettes, cigarettes and lighters must be handed in on the first day of camp. Please note how you would like camp staff to manage this addiction for the duration of camp.</p>		

31. What is the participants' fitness level? Above Average Average Below Average

32. What is the participants' swimming level? Above Average Average Non-swimmer

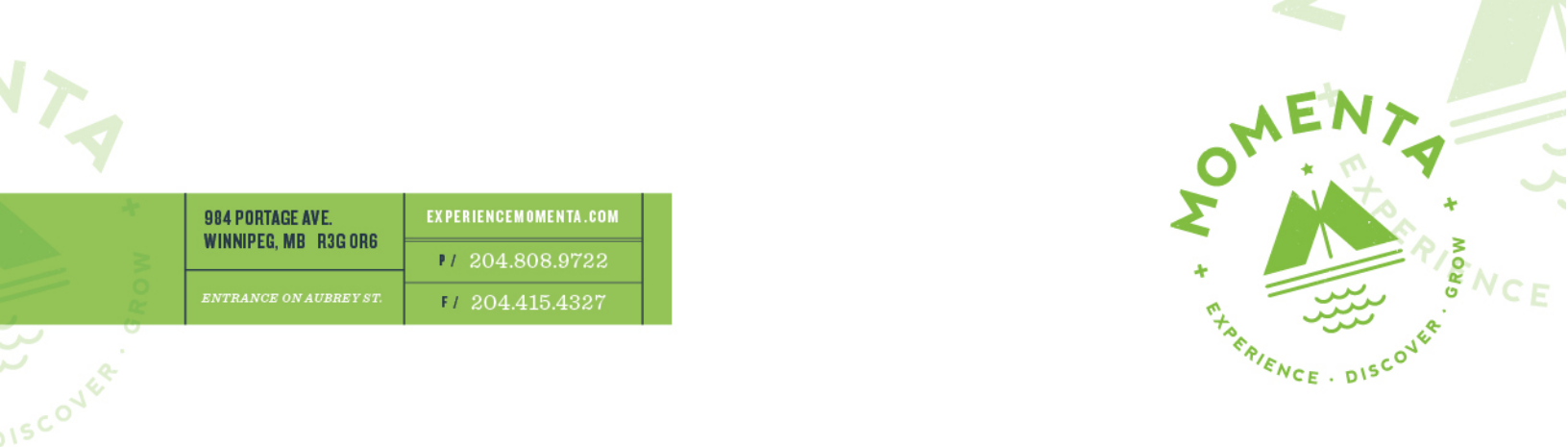
33. Date of last tetanus shot _____

34. What is the participant's t-shirt size (please circle) YouthMedium YouthLarge S M L XL XXL XXXL

By my signature, I attest all information on this form is complete, thorough and truthful.

Parent / Guardian Signature _____

Date _____



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Momenta Program Permission Form, Photo Release, & Data Collection

I give permission for _____
to attend the following Momenta Program
_____ on the
following dates _____.

I certify that I am the legal guardian of this child and
that I have reviewed Momenta's behaviour
expectations with my child.

Momenta Expectations

1. Have fun
2. Take care of each other
3. Be respectful
4. Participate
5. Be safe

I have read and agree to follow Momenta's
Expectations :

Participant signature

Please note, cell phones and other electronic devices are
not permitted at Momenta programs. All electronic
devices should be handed in at the beginning of a program
for safe keeping. If a participant needs to phone home,
they can do so from a land line or a staff phone. Parents are
encouraged to keep electronic devices especially cell
phones at home while their child attends a Momenta
program. Thank you for helping everyone to have fun and
participate.

I, _____, as the
person (or guardian of the person) named, hereby
authorize Momenta experience discover grow, their
officers, employees, video or cinematographic
agents, namely, in any publication, broadcast,
posting on the internet (web), advertising or display,
to be used without restriction and for a period of 50
years following the end of the calendar year in which
the work is first completed.

I hereby release Momenta experience discover grow,
it's officers, employees, and agents from any and all
claims, of any kind, which I (or the minor person)
may have, now or in the future, in connection with
the use that person's likeness, as referred to above.

Name of guardian if participant is a minor

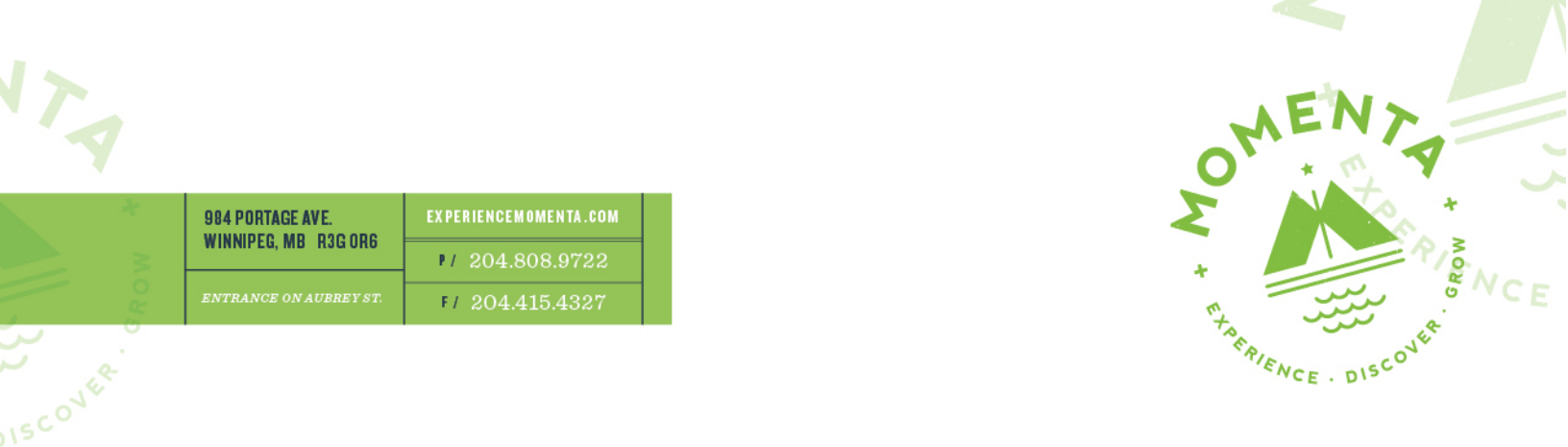
Signature of participant or guardian

I, _____, as the
person (or guardian of the person) named,
understand that information about my child will be
used in collecting non-identifiable data for program
evaluation and research.

Name of guardian if participant is a minor

Signature of participant or guardian

Date



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Dear Parent/Guardian,

Your child has been chosen to be a part of the Voices Summer Camp. The camp will be facilitated by Momenta (experiencemomenta.com).

The Voices Summer Camps will run July 20-22, 2018 for 10 to 12 year olds and July 27-29, 2018 for youth ages 13 and over. Participants will arrive at the camp Friday evening for supper and depart after lunch on Sunday. Camp will take place at Camp Brereton in the Whiteshell Provincial Park. Campers will participate in a variety of outdoor activities including canoeing, kayaking, biking, swimming and arts programming.

There are **three forms** included that must be filled out and returned to Voices by June 25, 2018. A **waiver form, a medical form and a photo release form**. If you have any questions about the forms please do not hesitate to call. There is also a list of things to bring to camp included.

Campers will be expected to follow five behaviour expectations: To have fun, take care of each other, be respectful, participate and be safe.

We are very excited about the upcoming camp this year. If you have any questions or concerns please call Momenta at 1-204-808-9722 X101.

Sincerely,

Momenta's Camp Team
984 Portage Ave (entrance is on Aubrey St.)
Winnipeg, Manitoba,
R3G 0R6
admin@experiencemomenta.com
www.experiencemomenta.com

Summer Camp WHAT TO BRING

- jacket
- rain jacket
- hat
- 2 sweatshirts (warm)
- 2 pairs of shorts
- 2 pairs of long pants
- underwear & socks for 5 days
- 4 t-shirts or long sleeve tops
- Pyjamas
- 2 bathing suits
- 2 pairs of shoes (1 pair runners)
- flip flops or water shoes for beach and shower
- 2 beach towels
- toothbrush and paste
- soap
- brush or comb
- sleeping bag or bedding
- garbage bag for dirty clothes
- any necessary medications (in a medi-pac)

Please do not bring:

- matches and lighters are not allowed at camp
- drugs, alcohol and weapons (ie: hunting knives) are not permitted at camp
- any phones or electronic devices

Optional items:

- book and/or journal
- flashlight
- camera (separate from a camera phone)
- pillow
- Momenta will be selling some camp souvenirs (t-shirts, hats, etc.) ranging in price from \$3 to \$25
Campers can bring some cash to camp to purchase these items. Cash can be kept in a safe place by staff.
- water bottle
- bug spray
- sunscreen

Please note that we can provide sleeping bags, bug spray, and sunscreen if you don't have these items.