

MUSKOKAWOODS® 2026 MEDICAL FORM

EACH GUEST MUST HAVE A MEDICAL FORM FILLED OUT AND SIGNED EACH YEAR BY A PARENT OR GUARDIAN. INFORMATION FROM PREVIOUS YEARS IS NOT CARRIED FORWARD. YOUR PHYSICIAN IS NOT REQUIRED TO COMPLETE THE GUEST’S MEDICAL FORM.

OFFICE USE ONLY

Guest Name

[First]

[Last]

Sex:

Parent/Legal Guardian:

[First]

[Last]

Province/State:

Mailing Address:

Postal Code:

Contact Phone:

City:

Birthdate:

[MM DD YYYY]

FOR OUT OF PROVINCE/INTERNATIONAL:
See 'HEALTH COVERAGE' policy below and provide photocopy of insurance documents

Emergency Contact Information - While the guest is at Muskoka Woods, should we not be able to reach Parent/Guardian 1 or 2:

Emergency Contact 1 Name

Emergency Contact 2 Name

Emergency Contact 1 Phone

Emergency Contact 2 Phone

Relationship to Guest

Relationship to Guest:

ALL PARENTS OR GUARDIANS MUST READ AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS PRIOR TO REGISTERING THEIR CHILD.
CONSENT TO TREATMENT, WAIVER, RELEASE AND CONDITIONS OF ENROLLMENT

Health Coverage: Each guest, including non-residents, must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be responsible for the costs of hospital out-patient visits (emergency room, x-rays, etc.). If for any reason my child receives medication or services beyond that furnished by Muskoka Woods, I agree to pay for and/or seek reimbursement from my own insurance company for all such expenses. Non-residents agree to provide a VISA or MasterCard number to Muskoka Woods and/or to the chosen health care provider or hospital for all medical charges.

Medical Treatment: I hereby give permission to the physician and nurses selected by Muskoka Woods to assess and give medical treatment, including prescriptions when necessary to my child and understand that I will be billed for these costs incurred. In the event that a guest requires medication, lice treatment, transportation, x-ray or treatment beyond that which is possible at Muskoka Woods, the parents or guardians will also be responsible for the additional expense. In case of surgical emergency, I hereby give permission to the physician selected by Muskoka Woods 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. Muskoka Woods will attempt to call parents/guardians/emergency contacts prior to administering the above (ie. hospitalization, injection, anesthesia or surgery), but if we receive no response then responsibility lands on the tending physician to make any decisions for emergency treatments.

Jurisdiction: I understand that any and all actions arising out of this agreement or the use of Muskoka Woods will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada.

GOVERNING LAW AND JURISDICTION AGREEMENT for Non-residents of Canada: I hereby agree that the relationship and the resolution of any and all disputes arising therefrom between myself and the Muskoka Woods appointed physician (as well as his or her agents, delegates or employees), including any issues related to this agreement, shall be governed by and construed in accordance with the laws of the province of Ontario and the laws of Canada applicable therein. I hereby acknowledge that the treatment will be performed in the province of Ontario and that the Courts of the province of Ontario shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding or cause of action, whatsoever arising out of the treatment. I hereby agree that if I commence any such legal proceedings, I will do so only in the province of Ontario, and hereby irrevocably submit to the exclusive and preferential jurisdiction of the Courts of the province of Ontario.

Assumption of Risk: I am aware of the contagious nature of bacterial and viral diseases (collectively "Diseases") and the risk that my child may be exposed to or contract any Disease by being at Muskoka Woods and engaging in recreational activities at Muskoka Woods. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including Muskoka Woods employees. I understand that while Muskoka Woods has implemented preventative measures to reduce the spread of Diseases, Muskoka Woods cannot guarantee that my child will not become infected with a Disease while at Muskoka Woods and that being at Muskoka Woods may increase my child's risk of contracting a Disease. Notwithstanding the risks associated with a Disease, I acknowledge that I am voluntarily authorizing my child to enter Muskoka Woods to engage in recreational activities at Muskoka Woods with knowledge of the risk involved. I hereby agree to accept and assume all risks of personal injury, illness, disability or death, arising from my child being at or engaging in the same, whether caused by the negligence of the Muskoka Woods, Muskoka Woods Youth Camp Inc., Gwitmoc Foundation and Muskoka Woods Youth Foundation.

Covenants: I am familiar with federal, provincial/territorial, and local orders, directives, and guidelines for the safe operation of summer camps in Ontario related to the Disease and I will comply with all such orders, directives, and guidelines at all times while my child is engaging in recreational activities at Muskoka Woods, including but not limited to testing, screening, and self-isolation. I confirm that my child is not experiencing symptoms of any Disease (such as a fever, cough, or difficulty breathing), and does not have a confirmed or suspected case of any Disease. I will not send my child to Muskoka Woods if my child has been told or recommended to isolate by a doctor, health care professional, or a Public Health unit, and if the isolation period overlaps with my child's stay at Muskoka Woods. I will also follow all instructions, recommendations, and cautions of Muskoka Woods at all times while my child is engaging in recreational activities at Muskoka Woods. If at any time I believe conditions to be unsafe, that my child is no longer in proper physical condition to participate in recreational activities at Muskoka Woods, or I become aware that my child is experiencing symptoms of any Disease, I will immediately discontinue my child's participation in any programs at Muskoka Woods. I also understand that my child may be required to self-isolate and/or required to leave Muskoka Woods in the event that my child begins experiencing symptoms of any Disease, or comes in contact with a person who has been confirmed or suspected of having a Disease.

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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, they may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Muskoka Woods does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Muskoka Woods does not accept responsibility or liability and I hereby release Muskoka Woods for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy.

By signing below, you are releasing Muskoka Woods, Muskoka Woods Youth Camp Inc., Gwitmoc Foundation and Muskoka Woods Youth Foundation and their respective members, agents, volunteers, employees, officers and directors in addition to the employees of facilities outside of the camp grounds (the "Releasees") against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable legal fees, fees, and the costs of enforcing any right to indemnification under this agreement, and the cost of pursuing any insurance providers, arising out or resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Muskoka Woods including any programs on the Muskoka Woods property and any programs or trips away from the Muskoka Woods property, unless any such loss, injury or damage may have arisen by reason of the grossly negligent act or omission of the Releasees. 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 and Behaviour: Muskoka Woods reserves the right to dismiss a guest without a refund who, in its opinion, is a hazard to the safety or rights of others or who appears to have rejected the reasonable controls of the camp. Muskoka Woods reserves the right to refuse a registration for camp, for reasons that include, but are not limited to: (a) dietary, medical or physical need(s) or requirement(s) of the child that the camp cannot reasonably meet for the guest, (b) late submission of the guest medical form by the parent/guardian where the conditions disclosed within 30 days of expected arrival cannot be supported by the camp. 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. I also give permission to Muskoka Woods to search my child's belongings for items prohibited by the camp, if suspected. I agree to reimburse Muskoka Woods for any intentional damage or defacement of camp property caused by my child. Muskoka Woods also reserves the right, at any time, to disallow my child's attendance at the camp if it is deemed in Muskoka Woods' sole discretion to be in the best interests of other campers to do so. Refusing to allow my child to attend camp could be as a result of health concerns such as a Disease or failure to comply with attendance requirements per Ontario Camping Association (OCA) and Public Health Guidelines, or other medical/psychological reasons.

Guest Pick Up Due To Illness: Children who present with sickness or symptoms while at camp may be sent home. Myself or my "Authorized Person to Pickup" as designated in the registration system agree to pick up our child within six hours of notification. All international registrants will be required to enter an "Authorized Person to Pickup" who can arrive at camp within six-hours of notification.

Cancellation Policy: A non-refundable, non-transferable deposit of \$400 per week is required to secure each registration and cannot be applied to another child, family member, or future summer. Final payment is due in full by April 15, 2026. Cancellations made before April 15, 2026 will result in the loss of the \$400 deposit per cancelled week. Cancellations made after April 15, 2026 and up to 30 days before the expected arrival date will result in a forfeiture of 50% of the program fees and taxes. Cancellations within 30 days of the expected arrival date will result in a forfeiture of 100% of the program fees and taxes, unless accompanied by a valid medical note. If a cancellation is made more than two weeks before the expected arrival date due to a medical reason and is supported by a medical note, a full refund will be issued. If a cancellation occurs within two weeks of the expected arrival date and a medical note is provided, the program fees are refundable minus the \$400 deposit per week. This policy applies to all reasons for withdrawal, including scheduling conflicts such as family travel, sports tournaments or tryouts, travel restrictions, or summer school. There is no adjustment to fees for late arrivals or early departures, and the cancellation policy applies even if a waiting list exists for the program. Transportation services may be cancelled up to seven days prior to intended use for a full refund; cancellation fees may apply within seven days for transportation, additional services, or add-on options.

Force Majeure: Muskoka Woods shall not be liable or responsible, nor be deemed to have defaulted under or breached this agreement, for any failure or delay in fulfilling or performing any term of this agreement, when and to the extent such failure or delay is caused by or results from acts beyond Muskoka Woods' reasonable control, including, without limitation, the following force majeure events ("Force Majeure Event(s)": (a) acts of God; (b) flood, fire, earthquake, tsunami, epidemics, pandemics including Diseases, or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot or other civil unrest; (d) government order or law, including quarantines; (e) actions, embargoes or blockades in effect on or after the date of this agreement; (f) action by any governmental authority; and (g) other similar events beyond the reasonable control of Muskoka Woods. For clarity, Muskoka Woods may, in its sole, but reasonable, discretion, declare a Force Majeure Event if Muskoka Woods reasonably anticipates that a Force Majeure Event may occur that would prevent Muskoka Woods to perform its obligations. If a Force Majeure Event occurs or is declared by Muskoka Woods, then Muskoka Woods may: (i) where the Force Majeure Event affects your child's enrolled program, substitute another program with an appropriate adjustment in the fees; or (ii) where the Force Majeure Event affects Muskoka Woods entire operations for the season, then your fees that you have paid will be credited to the program for the next available season.

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.

Personal Items: Items in the lost and found are donated every 3 weeks, and on the last Friday of camp at the end of August. Muskoka Woods is not responsible for the cost of replacing any personal items that are lost, left behind, or stolen. If a child brings an item to camp that is prohibited according to our policies and it is subsequently confiscated by staff, the camp is not responsible or liable for the loss, damage, or return of that item.

Photography: 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 acknowledge the terms and policies of any third party authorized by Muskoka Woods that may use facial recognition technology to recall a photo of my child at camp.

Cell Phones: I understand that Wild, Venture and Junior High guests are not allowed to bring cell phones to Muskoka Woods. If my Wild, Venture of Junior High child brings a cell phone to camp, I understand that Muskoka Woods will confiscate the phone and will not be responsible for the cost of replacing it if it is lost, left behind, or stolen. Muskoka Woods strongly encourages all guests to leave cell phones at home. If my Senior High, or Crew child chooses to bring a cell phone to camp, I understand that access to the phone will be restricted to specific times during the day and that a "Yondr Pouch" rental is required. I understand that intentional damage to the Yondr Pouch by my child will result in a replacement charge of \$50 CAD.

☐

 I certify that I am the legal parent or guardian and I have read and agree with the terms and conditions & cancellation policy.

[MM DD YYYY]

NAME OF PARENT/GUARDIAN [PLEASE PRINT]

*PARENT/GUARDIAN SIGNATURE

DATE

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GUEST'S NAME _____

ALLERGIES

Please list any **FOOD, MEDICATION** or **OTHER** allergies that apply to the guest:

Are any of the above ANAPHYLACTIC? ☐ Yes ☐ No

*If yes, your child will be given a special bracelet to indicate they have an anaphylactic allergy. We strongly recommend sending your child with 2 EpiPens and a carrying case.

HEALTH HISTORY

PLEASE CHECK ALL THAT APPLY TO THE GUEST:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> A.D.D./A.D.H.D. | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Medical Supervision Req'd |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Heart or Cardiac Condition | <input type="checkbox"/> Serious Injury/Recent Operation |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> History of Concussion | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Exceptionalities (e.g. Austim, Cerebral Palsy, etc) | | <input type="checkbox"/> Other Concerns/Disorders |
| <input type="checkbox"/> Bringing EpiPen | <input type="checkbox"/> Fainting | <input type="checkbox"/> Homesick Tendency | <input type="checkbox"/> Restricted from doing activities |

Details of any of the above:

MEDICATION

IMPORTANT - All prescribed medication must be brought to the Health Care Centre upon arrival in the original prescription bottle or a blister pack supplied by your pharmacist. Please **DO NOT** fill a pill organizer with multiple medications yourself.

ADDITIONIONAL INFO

NAME AS IT APPEARS ON ONTARIO HEALTH CARD: _____

ONTARIO HEALTH CARD #: _____ **VERSION CODE:** _____ [1-2 Letters] **EXP DATE:** _____ [MM DD YYYY]

Please check all **IMMUNIZATIONS** that are up to date:

- | | | |
|---|--|--|
| <input type="checkbox"/> DTaP-IPV-Hib (Diphtheria/Tetanus/Pertussis/Polio/Influenzae B)
<small>- multiple doses in infancy</small> | <input type="checkbox"/> MMR (Measles/Mumps/Rubella)
<small>- age 12 months</small> | <input type="checkbox"/> MMRV (Booster + Chickenpox)
<small>- age 4-6 years</small> |
| <input type="checkbox"/> Menjugate (meningococcal conjugate)
<small>- given at 12 months</small> | <input type="checkbox"/> Menactra (meningococcal conjugate)
<small>- given in grade 7</small> | <input type="checkbox"/> Hepatitis B
<small>- given in grade 7</small> |
| <input type="checkbox"/> Tdap (Booster Diphtheria/Tetanus/Pertussis)
<small>- usually age 14, please update before camp</small> | <input type="checkbox"/> My child has not received any vaccinations | |

SPECIAL DIET - Special dietary requests are NOT intended for food preferences but specifically for health requirements. Please check if the guest requires one of the following special diets:

- ☐ Gluten Free ☐ Dairy Free ☐ Vegetarian ☐ Vegan
- if the child has a special diet that is NOT listed, please give us a call at 705-732-4373.

NOTES FOR COUNSELLOR - Please list any information (including info from above) that you would like the guest's counsellor to be made aware of. ONLY THE INFORMATION LISTED HERE WILL BE GIVEN TO THE GUEST'S COUNSELLOR

NOTE: It is the responsibility of the PARENT/GUARDIAN to notify Muskoka Woods, IN WRITING, if any new medical conditions arise prior to your child(ren) attending camp (i.e. exposure to a communicable disease since completing this medical form).