



Envision Robotics CY2021-2023 Terms and Conditions

By authorizing your son/daughter to attend Envision Robotics programs (i.e., Summer Camps, PA Day Camps, Weekday/Weekend Classes, Drop-In, and other classes), the parent/guardian agrees to the following terms and conditions:

1. **Participant Drop-Off/Pick-Up** - Participants are expected to be dropped-off at 9 am and picked up at 4 pm, unless Extended Care has been arranged. Extended care extends the times from 8 am to 5 pm.
2. **Lost Items** – Envision Robotics is not responsible for personal items that are lost or stolen. Please minimize the number of personal items brought to camp, especially electronics, to reduce risks of loss or damage.
3. **Personal Devices** – participants are not required to bring personal devices such as phones. However, we understand that parents would like to be able to communicate with their children. We ask that students limit their use during instructed activities and if necessary, use during breaks, lunch, or end of day.
4. **Promotional Photos** – you grant permission to Envision Robotics to use photos, videos for promotional purposes in our studio, on our website and social media accounts. Please advise if you don't want your child featured in photos.
5. **Personal Information** – the information we collect is confidential and used only by our staff. We are committed to respecting your privacy the privacy of our members, their families, and our employees, by adhering to the privacy principles set forth in Schedule 1 of The Personal Information Protection and Electronic Documents Act.
6. **Participant Information** – upon registration, we ask that you provide us with any important information regarding your son/daughter to ensure that they will have a positive experience in our programs. We request that the parent/guardian provide current information that includes:
 - a. Emergency Contact name and number
 - b. Medical information including allergies, physical injuries, or if your child is feeling ill that day. All information is kept confidential.
7. **Program Participation** – you agree that your son/daughter is able to physically participate in all in-door and outdoor activities which include instruction on robotic platforms, programming, crafts, games, experiments, and sports (outdoor). You agree to advise us if your son/daughter should be restricted from an activity due to increased risk of injury. Otherwise, the participant has permission to participate in all program activities led by Envision Robotics staff.
 - a. **Envision Robotics** – the majority of our programs are conducted within the studio in one of the 2 classrooms and lobby area. However, some camp activities are conducted outdoors.
 - b. **Bishops Cross Park** – the park is adjacent (directly East) to Envision Robotics and weather permitting some activities will take place at the park and surrounding area. These include lunch, games, experiments, crafts, soccer, etc.
8. **Medical Release** - Envision Robotics makes every attempt to provide a safe and secure environment. There are times when illness or accident may occur and immediate medical attention is necessary while participating in activities. This is your permission for the leader in charge, or designate, to make arrangements for qualified medical attention, including transportation, for your child in the event of an emergency, without your prior approval. You will be notified by the quickest means possible using the contact information provided. You acknowledge that you are responsible for medical expenses including transportation, due to your son/daughters injury or illness.



9. **Medication Management** – you agree that no one at Envision Robotics is authorized to give over-the-counter medication without permission. Our staff are not medical professionals and have not been trained in medicine or administration of medicine.
 - a. Participants needing injections (e.g., Insulin, etc.) or inhalers will be required to self-administer their medication.
 - b. Parents/guardians are asked to make Envision Robotics aware of any known allergies, and if necessary, you are responsible for bringing an EpiPen to camp.
 - c. You agree that it is the responsibility of all parents/guardians to retrieve their participant/attendee’s medication at the end of the programs/classes.
 - d. Envision Robotics is not liable for any medication left behind.
 - e. Emergency Medication Assistance – in the event your child requires medication in an emergency situation and is unable to self-administer, a staff-member will assist with medication administration to the best of their abilities. Parents must complete the Emergency Medication Assistance Form.
10. **Negligence** – you understand and acknowledge that participation in Envision Robotics involves a certain degree of risk. After considering the risk involved, and having full confidence that reasonable precautions will be taken to ensure the safety of your son/daughter, you grant permission for them to participate fully in activities. Envision Robotics staff, partners, and facility providers are waived and released from liability for any injury or illness that occurs while in one of our programs, resulting from negligence.
11. **Willful Destruction of Robots, Tablets/Laptops, and Equipment** – we review and regularly remind students how to safely handle robots and equipment in the studio and we understand that accidents happen and equipment gets damaged and need to be repaired/replaced from time to time. In the event that your child willfully and intentionally damages Envision Robotics equipment you acknowledge that you will be responsible for costs to either repair or replace the equipment. We kindly ask that you remind your child to handle our equipment safely and in accordance with the instructors directions.
12. **Dismissal for Inappropriate Behaviour** – Envision Robotics has the right to dismiss any student if his/her actions or attitudes are inappropriate to the general atmosphere of the program. Inappropriate behaviour includes swearing/using bad words, watching inappropriate material on the internet, theft, inappropriate use of equipment, damage to facilities, verbal and physical violence, bullying, harassment, against staff or other participants. No refunds shall be issues for dismissal.

Our Terms & Conditions may be updated as needed based on changes in guidelines from the Ontario and federal health ministry.

.continued on page 3



Signature Page

Parents are required to sign and submit this signature page. Once Signed, These Terms & Conditions Cover Any Enrolled Program in 2021-2023

I confirm I have read and agree to items 1 – 12 on the preceding pages.
(Checkmark)

Parent Name: _____ Date: _____
(print please)

Parent
Signature _____

Cell Number: _____

Child #1 Name: _____ Age: _____
(print please)

Child #2 Name: _____ Age: _____
(print please)

Child #3 Name: _____ Age: _____
(print please)

Allergies:

Child: _____ Type & Details: _____

Child: _____ Type & Details: _____



Emergency Medication Assistance Form

Please complete this form only if your child has a **severe medical condition** that left untreated may result in serious injury or death. The first course of action is for your child to self-administer to prevent and/or correct a medical event. Our staff are not medical professionals and have not been trained in medicine or administration of medicine. However, in the event your child is unable to self-administer, a staff-member will assist with medication administration to the best of their abilities. The protocol beyond emergency medication assistance is to call 911 for professional medical assistance. Parents/guardians will be called as well.

Please complete the details below.

Child Name: _____ DOB: _____
(print please)

<p>Medical Condition: (please detail the medical condition and any triggers, activities that they should not participate in, etc.)</p>	
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<p>Medication Administration: (please detail current medication type, dosage, emergency dosage instructions, etc.)</p>	
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<p>Special Instructions: (please detail any additional instructions or relevant information regarding medication administration that staff should be aware)</p>	
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In the event my child is unable to self-administer their medication, I authorize an Envision Robotics staff member to provide emergency medication assistance to the best of their abilities.

Parent Name: _____ Date: _____
(print please)

Parent
Signature _____