



Outdoor Adventure Day Camp Little Red River Park August 8, 2019

REGISTRATION FORM Camp begins **9:00** a.m. and ends at **4:00** p.m.

Bus Locations	Pick-Up Time	Drop-Off Time
Crescent Acres	8:25am	4:35pm
Miller Hill	8:35am	4:25pm
Midtown	8:45am	4:15pm
BSC	8:35am	4:25pm
Kinsmen Park (Ella Muzzy)	8:45am	4:15pm

<input type="checkbox"/> Little Red	
Drop-Off	Pick-Up
7:30-9:00am	4:00-5:30pm

Please ✓ one transportation option. If bussing, your child must be picked up and dropped off at the same location.

Child's Name: _____ **Age** _____

Allergies or Medical Conditions (list or indicate there are none): _____

Please review and complete (if applicable) all 5 sections of this application

Section 1: Camp Participant Information

Full Name of Camp Participant (please print)	Date of Birth (mm/dd/yyyy)
Camp Participant's Preferred Name (the name that Play Leaders and new friends should call them)	

Parent Contact Information:

Full Name		Relationship
Home Phone	Cell Phone	Work Phone
Full Address		Postal Code

Alternate Emergency Contact:

Name		Relationship
Home Phone	Cell Phone	Work Phone

Pick-Up Authorization: (only those listed below are authorized to pick up the child)

Name	Relationship	Phone
Name	Relationship	Phone

Section 2: Behavioural and social skills

Information about behavioural concerns is collected to ensure that all camp participants are receiving the support that they need to make their camp experience successful.

Does the participant have any special/developmental/intellectual needs and/or physical or emotional concerns that staff should be aware of? Please circle your answer below:

Yes

No

If yes, please list the needs/concerns and answer b & c below:

- a) What triggers increase the likelihood of the camp participant showing these behaviours?

- b) What strategies can you recommend, from home or school, which might help us deal with difficult behaviour?

Language

Is the participant learning English as a second language?

Section 3: Medical

Information about medical concerns is collected to ensure that all camp participants are receiving the support that they need to make their camp experience successful.

Camp participant **has** medical (complete pages 3-7)

Camp participant **does not** have any medical, behavioural or social concerns that **I wish to disclose** (skip to section 4: waiver on page 8)

Medical Concerns (allergies to bee/wasp stings, nuts, asthma, etc.):

Will they be taking medication at camp?

Yes

No

If yes, please fill out the medical information below:

Medication Information:

Medication:	Time(s) medication is to be taken: Is medication to be taken with food? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other information:	

Medicine Information Form:

Medical concern:

Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency

Additional Information:

Play Leader Delivery Record Sheet:

Please indicate the time camper took medication and initial:

AM/PM	__:__	
AM/PM	__:__	
AM/PM	__:__	
AM/PM	__:__	

Medication Delivery Process

The following outlines the medication delivery procedure that will be followed for children requiring any type of medication while at camp. Please check the appropriate boxes that apply to the child.

1. Medication must come to camp in a spate and sealed bag containing only one dosage per bag. If the medication is liquid, it must come to the camp **pre-measured** in a sealed and labeled bottle daily containing only one dosage per bottle. All bottles must be received in a Ziploc bag.
2. The sealed bag should have the following information:
 - a. The child's first and last name
 - b. The time the medication is to be administered
 - c. The name and dosage of the medication to be administered
3. The Play Leader will hand the bag/bottle to the camp participant and will witness the camp participant taking the medication. The bag/bottle will be sent home at the end of the day.
4. The Play Leader will document all the information on the bag/bottle in a medical delivery record sheet. The information will be recorded in pen on sequential lines.

- The Play Leader will keep and follow the schedule for when the camp participant is to receive the medication.

All medications, whether injectable, pill, or liquid form, must come to camp in single dosages as our Play Leaders cannot measure medications for camp participants.

Epi-pens:

If your child has an Epi-Pen, they are required to carry it on their person at all times (ie. In a fanny pack).

Please fill out the Epi-Pen Administration Waiver if an Epi-Pen if needed.

If an allergic reaction occurs, Play Leaders will:

- Listen to the camp participant about their signs and symptoms
- If the reaction increases **assist** the camp participant in administering “Epi-Pen” in the thigh or upper arm, through the clothing if necessary.
- First **assist** administration of the Epi-Pen, second, Play Leaders will phone 911 for medical help immediately.

Allergies Information Form

Camp participant **does not** have allergies

Camp participant does have allergies. Please fill out the form below:

Allergies and known reaction causing agents:

Symptoms of allergic reaction in **the camp participant**:

Location of Epi-Pen, Medical Supplies, or Antihistamines while at camp:

Which method of contact will cause a **serious reaction** in the camp participant?

Inhalation (breathing in)

Ingestion (eating or drinking)

Physical contact (touching)

Other (Please be specific)

Are there other important ways to help prevent the camp participant from having a reaction:



Initials:

Epi-pen administration waiver

Camp participant **does not** require an Epi-Pen

Camp participant **does** have an Epi-Pen that may need to be utilized. If they do, please complete the form below.

I, the undersigned, parent/guardian of _____ (participant), allow the City of Prince Albert—Playground Program Play Leaders to administer epinephrine to _____ (camper), in the event that it is required.

I release and save harmless the City of Prince Albert, and its employees and volunteers with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of their having administered epinephrine as required by the attached Allergy Information Form.

I understand that I, _____ the parent/guardian of - _____ (camp participant), and am responsible to ensure that:

_____ I have completed the Allergy Information Form fully and completely.

_____ I will take the time to **explain** the Allergy Information Form to the Play Leader responsible for the camp participant, upon drop-off the day of the camp.

_____ I will review how to administer an Epi-Pen with the Play Leader responsible for the camp participant upon drop-off on the day of the camp.

_____ The camp participant will be carrying a non-expired Epi-Pen in a fanny pack at all times while in the City of Prince Albert—Outdoor Adventure Day Camp.

I, as parent/guardian of the above named child, verify that this information on all pages that I have initialled or signed is true and correct to the best of my knowledge. I understand by providing this information to the City of Prince Albert that it will be used only to enhance the camp experience.



Name of Parent/Guardian (please print)	Signature:	Date:
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Section 4: Waiver

By signing this document, you will waive certain legal rights, including the right to sue.

1. I (and/or my child(s)) will abide by the rules and regulations imposed on the participants in the Program(s).
2. There are risks and hazards inherent in the very nature of the Program and that as a result of these risks and hazards, I (and/or my child(s)) as a participant, may suffer serious personal injury, as well as property loss. I (and/or my child(s)) nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my participation in the Program(s) shall be entirely at my own risk.
3. I (and/or my child(s)) waive any claim I (and/or my child(s)) may have against the City arising from my participation in the Program(s) and agree to indemnify and hold harmless the City for any claim, including any claim for medical services arising from my (and/or my child(s)) participation in the Program(s).
4. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my (and/or my child(s)) health and safety and I (and/or my child(s)) shall be financially responsible for such advice and services.
5. This RELEASE OF LIABILITY, WAIVER OF CLAIM, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my (and/or my child(s)) heirs, my executors, administrators, personal representatives and assigns.
6. I (and/or my child(s)) give consent to for the camp participant to give feedback at the end of the camp day to facilitate future camp opportunities. Yes No
7. I (and/or my child(s)) give consent for my image to be taken in the form of videotape, filming or photography for the City or affiliate organization's public relations and communication/marketing materials including social media. I (and/or my child(s)) relinquish any and all personal or proprietary rights I (and/or my child(s)) may have in connection with the use of photos of myself taken for publicity purposes. I (and/or my child(s)) understand that I (and/or my child(s)) will receive no compensation should any photograph of myself be taken. Yes No

DATED at the City of Prince Albert, this
____ day of _____,
20____.

Signature of Parent/Guardian of Participant

Personal information collected on this form is in accordance with The Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) and will only be used for the purpose for which it was collected. Personal information will not be shared or used for any other purpose without your express consent pursuant to LAFOIP and the City of Prince Albert's policies. Please contact the Office of The City Clerk, 1084 Central Ave., Prince Albert, SK, via email cityclerk@citypa.com or call 306-953-4305 for questions about the access, use, and disclosure of your personal information.

Section 5: Frequently asked questions and tips for a successful day camp:

- The transportation, snacks and a catered lunch are included in the free day camp
- Freeze ¼ water in a bottle then add water before sending your child to camp
- Apply sunscreen and bug spray before leaving home and send it to camp for reapplication later
- Please send an extra clothes in case there is a change in weather
- Send a hat and supportive footwear; no sandals please as we will be active!
- Leave valuables such as hand held games, cells, and money at home