



**BROUGHT TO YOU BY:
CITY OF PRINCE ALBERT PLAYGROUND
PROGRAM & SASK LOTTERIES**

REGISTRATION FORM

For Information Call the Margo Fournier Centre 306-953-4816

**Outdoor Adventure Day Camp @ Little Red
August 14th, 2018**

Camp Activities Begin: 9:00 am

Camp Activities End: 4:00 pm

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

Bus Locations	Pick-Up Time	Drop-Off Time
Westview	8:25am	4:35pm
Parkland	8:35am	4:25pm
West Hill	8:45am	4:15pm
Miller Hill	8:35am	4:25pm
Crescent Heights	8:45am	4:15pm

Little Red	
Drop-Off	Pick-Up
7:30-9:00am	4:00-5:30pm

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

Allergies or Medical Conditions: _____

Please fill out attached Medical Information Forms in addition

Tips for a successful camp experience:

- Label all items brought to camp with their name.
- Freeze water in a water bottle overnight. It will melt during the morning and be cold and refreshing for the afternoon.
- Apply sunscreen and bug spray before leaving home **in addition** to sending sunscreen and bug spray to camp for reapplication later.
- Weather can change quickly! Please send an extra change of clothes in case there's a change in weather.
- Send a hat and supportive footwear, no sandals- we will be active!
- Leave valuables such as hand held games, cell phones, and money at home.
- Please share any behavioural or medical concerns that the camp participant may have with the Play Leaders to assist with creating a successful camp experience.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please initial or sign next to each star on each page.

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 Contacts:

Name	Relationship	
Home Phone	Cell Phone	Work Phone

Pick-Up Authorization: (only those listed here will be able to sign the camp participant out of camp at the end of the day)

Name	Relationship	Phone
Name	Relationship	Phone



Initials:

MEDICAL, BEHAVIOURAL AND SOCIAL INFORMATION

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

Camp participant **does not** have any medical, behavioural or social concerns

Camp participant **does not** have any medical, behavioural or social concerns that **I wish to disclose**

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

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a) Does the camp participant take medication?

Yes

No

b) Will they be taking medication at camp?

Yes

No

Medication Information:

Parent/Guardian Name:	
Medication:	Time(s) medication is to be taken:
	Is medication to be taken with food? <input type="checkbox"/> Yes <input type="checkbox"/> No
Side effects of medication, etc.	

If the camp participant requires an Epi-Pen, please complete the Epi-Pen Administration Waiver Form.



Initials:

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BEHAVIOURAL AND SOCIAL SKILLS

- a)** What activities does the camp participant enjoy?

- b)** Please describe any unique traits (i.e. hiding, running away, hyperactivity, attention seeking, etc.) that the Play Leaders might experience with the camp participant.

- c)** Are there any triggers that might increase the likelihood of the camp participant showing these behaviours?

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

- e)** Is the camp participant learning English as a second language?



Initials:

MEDICATION INFORMATION FORM

Medical concern:

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Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency

Additional Information:

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Play Leader Delivery Record Sheet:

Please indicate the time camper took medication and initial:

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

Camp participant does not take medication



Initials:

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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 fill out the medical assessment and medical information sections of the registration package completely.**

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.
5. 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 is 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 telephone 911 for medical help immediately.

ALLERGIES INFORMATION FORM

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:

Camp participant **does not** have allergies



Initials:

EPI-PEN ADMINISTRATION WAIVER

I, the undersigned, parent/guardian of _____ (camp 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), 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.

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

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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**Waiver - By signing this document, you will waive certain legal rights, including the right to sue.
Please read carefully!**

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.