



Splish Splash Pool Camp 2021



Choose date: ____Aug 16-20 ____Aug 23-27

Participant's Name: _____ D.O.B. _____

Mailing Address: _____

Male or Female _____ Phone Number: _____

Email: _____

Emergency Contact Information

Parents / Guardian Information

Name: _____ Phone (h) _____ (w) _____

Name: _____ Phone (h) _____ (w) _____

Other Emergency Contacts: (Family, friends, etc):

Name: _____ Phone (h) _____ (w) _____

Health Information:

Medical #: _____ Family Doctor: _____

Doctor Phone: _____

Medical Issues or Special Concerns:

Allergies:

Medications:

Are there any other campers coming that your child would like to be put into the same group?

Yes / No

If yes, what is their first and last name(s)?: _____

*We can not guarantee that they will be in the same group, but we will do our best.

Name of phone number(s) and person(s) that are allowed to pick up your child:

1. _____ Phone #: _____

2. _____ Phone #: _____



Cancellation policy: To ensure sufficient registration is received to allow camps to run, cancellations with refund will only be permitted until 4:30 pm June 30. After July 1, only cancellations with documented medical condition will be accepted and full refund given.

For office use: Name of Child: _____ Name of Parent: _____

Registration fee: \$115 Early Bird | \$140 after July 1 | \$115 per additional child

Registration paid in full: Yes / No Payment method: _____

All registrations must include payment at time of registration; no exceptions.

COVID-19 Safety Protocol:

1. Pre-registration required. We will follow whatever the current protocol is on the first day of camp.
2. Camps will be held in the Pool, Civic Centre and outdoor location.
3. Equipment will be disinfected before and after use.
4. There will be hand sanitizer and disinfectant wipes available.
5. No child, parent or visitor will be permitted if they are sick.

Signature of parent/guardian required for both photo and informed consent.

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in District of Port Hardy promotional material.

SIGNATURE PARENT/GUARDIAN: **DATE:**

INFORMED CONSENT

I, the parent/guardian of _____, consent to my child participating in the activities being offered through District of Port Hardy, with the understanding that my child will be participating in activities that may have a high risk, including the risk of physical injury, illness, loss of life, and property damage. Some of the activities may involve risks associated with physical contact, contact with physical structures, or may require a higher level of athleticism, skill and knowledge.

Due to COVID-19 parents are required to sanitize upon entry to the Recreation Centre Lobby while dropping child/children off/picking up as well as signing children in. Children will be encouraged to maintain physical distancing. We ask that you keep your child home if sick.

By signing this Informed Consent form, you acknowledge that there are risks associated with your child/children participating in group activities and understand that with it comes risks of accidental injury that may occur during the activity which is beyond the control of the District of Port Hardy staff and Activity Leaders, and acknowledge that while the District of Port Hardy is taking measures to lower the risk of the spread of the Coronavirus, COVID-19, it does not guarantee its ability to do so.

I understand that my child will be participating in activities that may have a high risk and I agree to release and hold harmless the District of Port Hardy, its employees, officers, agents, affiliated community association, and volunteers, from any claims for injury, loss or damage that my child may sustain while participating, including claims of negligence.

SIGNATURE PARENT/GUARDIAN: **DATE:**

For questions/concerns, please contact Tanya Kaul, Director of Recreation and Community Services at 250.230.2617 or tkaul@porthardy.ca.