



Summer Camps 2022

Please indicate which camp(s) your child will be attending:

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| <p>Dance & Play Camp (Ages 3 - 5) ___</p> <p>Tumble Bugs Camp (Ages 3 - 5) ___</p> <p>Xtreme Games Camp (Ages 5 - 8) ___</p> <p>Art Camp (Ages 6 -7) ___</p> <p>Hip Hop Camp (Ages 6 - 7) ___</p> <p>Splish Splash Camp (Ages 6 - 8) ___</p> <p>Basketball Camp (Ages 8 - 11) ___</p> | <p>Theatre Camp (Ages 8 - 12) ___</p> <p>Coding Camp (Ages 8 - 12) ___</p> <p>Adventure Camp (Ages 9 - 12) ___</p> <p>Xtreme Games Day (Ages 5 - 8) ___</p> <p>Xtreme Games Day (Ages 9 - 12) ___</p> <p>Water Mania Day (Ages 5 - 8) ___</p> <p>Water Mania Day (Ages 9 - 12) ___</p> |
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Participant's Name: _____ D.O.B. _____

Age _____ 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:

Is there any information that would be helpful for us to know about your child to help them have a positive experience?:

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: _____

Name of Child: _____

Name of Parent: _____

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.

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. We ask that you keep your child home if sick.

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.

We look forward to seeing you at camp!