



PARENT'S AGREEMENT 2011 DAYCAMP WAIVER FORM

Marpole-Oakridge Community Centre is jointly operated by the City of Vancouver Board of Parks and Recreation and the Marpole-Oakridge Community Centre Association.

▲ OUR CENTRE HAS DEFINITE GUIDELINES FOR DELIVERY, PICK UP AND FOR HEALTH AND SAFETY. THESE ARE IN PLACE TO PROTECT YOUR CHILD(REN). PLEASE READ CAREFULLY.

1. DELIVERY AND PICK UP

I understand that no child will be released if staff are of the opinion that the child may be at risk. I will complete and sign this **Parent's Agreement 2011 Daycamp Waiver Form**. I will give a signed note to the instructor if special arrangements for pick up are required. For the protection of the child, in the event of an unusual delay, the Ministry of Children & Family may be contacted for assistance.

I will be responsible for the care and transportation of my child to and from the recreation facility and I will deliver my child directly to a program staff member and sign my child in and out each day.

2. HEALTH

a) I understand that only medications prescribed by a physician can be administered. I understand that I must provide a signed note accompanying a physician's prescription before staff can assist with any medication. Please inform the staff if your child requires any medication

b) I understand that no child may attend who is judged to be ill or a source of infection.

c) I understand that if my child is ill and unable to participate in the program, including outdoor play, then I understand that my child is not well enough to attend and will keep my child at home (or arrange for alternate care). I may also be called to pick up my child during the camp if my child is too sick to be in the care of the leaders.

d) I understand that children with a temperature higher than 38.3 degrees Celsius are considered to have a fever, and are not permitted at the centre.

e) I will notify the staff if my child contracts a communicable disease. I understand that my child may not return until they are no longer infectious.

f) I will keep my child at home if he/she is vomiting or has diarrhea. These two conditions are easily transmitted among children and can spread very quickly. I will notify the staff if my child has been vomiting or has diarrhea.

g) I understand that staff will call my family doctor in case of any emergency or go to the nearest hospital.

3. EXCURSIONS

I hereby **GIVE MY PERMISSION** for my child to go on excursions off site. I understand that my child may be transported by public transit, by community bus or van, chartered bus companies or may walk to the destination. Typically, out trips include visits to parks, pools, beaches, water parks, museums, rinks, and other local attractions.

I understand all excursions will be carefully pre-planned and adequately supervised and I will be informed about them prior to their taking place with the exception of short walks in the immediate neighbourhoods surrounding the centre.

4. DROP OFF/PICK UP

I understand it is important for the safety of my child that the staff know how and when my child will be coming and going from the Marpole-Oakridge Community Centre. If my child will be leaving early I understand I must bring a signed note to the staff the morning of the early pick up.

5. International students

I understand that out of province and international students must attach a copy of their medical insurance policy to the parent's agreement 2011 day camp waiver form.



Marpole-Oakridge Community Centre

990 West 59th Avenue, Vancouver, B.C., V6P 1X9
Phone 604-257-8180 Fax 604-257-8179

PROGRAM: Little Friends Winter Camp (4-6 yrs)

PARTICIPANT: Child's Full Name: _____

Date of Birth (M/D/Y) ____/____/____ Age: ____ Sex: M / F

PARENT/ GUARDIAN INFORMATION:

(1) Name: _____

Phone: (H) _____ (W) _____

Address: _____

(2) Name: _____

Phone: (H) _____ (W) _____

Address: _____

MEDICAL INFORMATION: Organizers assume no responsibility for the health or well-being of participants as a result of the information provided. Participants are advised to carry pertinent health & medical information on their person at all times.

Care Card Number: _____ Doctor's Name: _____ Phone: _____

EMERGENCY CONTACTS:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

MEDICAL INFORMATION:

Please indicate whether your child has any of the following:

a) Food Restrictions (e.g. vegetarian, allergies): No ___ Yes ___ Please list:

b) Chronic conditions or recent illnesses (e.g. sore knee, flu): No ___ Yes ___ Please list:

c) Fears (e.g. water, heights, dark): No ___ Yes ___ Please list: ____

Specify details of medication or treatment required for the above:

List any medications the child is bringing:

MEDIA RELEASE:

_____*As a legal guardian or parent of the youth indicated below, I grant Marpole-Oakridge Community Centre, Vancouver Parks Board and the City of Vancouver the authority to record and or photograph my son and/ or daughter for instructional, promotional and educational purposes.

These photos may be used in program brochures, photo displays, and on our Park board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent.

I understand that images attained will not be reproduced in whole or part for any purposes other than stated above.

Please check one: YES NO

Please note any difficulties displayed at home or school and successful techniques used:

Can your child swim? Yes____ No____

What is your child's first language?

English _____ French _____ Mandarin _____ Korean _____ Persian _____ Russian _____

Other _____

Is your child currently in ESL? No____ Yes____

Please provide any additional information to ensure your child has a positive camp experience.

Additional attachments are welcome:

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

The participant and parent or guardian acknowledges that they are aware of the details of the day camp, trip or event and that there exists an element of personal risk of damage or serious injury in the activities and willingly agree to assume responsibility for those risks as a condition of registering for the program.

INDEMNIFICATION AND RELEASE

I, the undersigned participant, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the City of Vancouver, Vancouver Parks Board and the Marpole-Oakridge Community Centre Association or any of their agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of or resulting from this day camp, trip or event due to negligence.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____