

Medical Form/Waiver and Release

My Child's Name is: _____

Permission for Assiniboine Park Conservancy to take photos and/or video footage of my child:

- Please check one: **YES** **NO**

Said photographs, audio or video shall only be used in connection with educational programs, publicity, fund raising campaigns and/or brochures for promotional purposes of the Program.

Dated on _____

Signature of Parent or Legal Guardian Print name of Parent or Legal Guardian

Authorized Drop-off and Pick-up

Please name anyone else authorized to pick-up the camper from Day Camp (ID required)

| | |
|-------------|-----------------|
| Name: _____ | Relation: _____ |
| Name: _____ | Relation: _____ |
| Name: _____ | Relation: _____ |
| Name: _____ | Relation: _____ |

Medical Concerns or Allergies:

- Is your child allergic to any of the following (please check all that apply):
 Insect stings/bites Nuts or Peanuts Drugs (e.g. penicillin, aspirin)
 Seasonal allergies other: _____
- Does your child carry an: Epi-Pen Ana-Kit Inhaler/Bronchodilator
- Current Health Issues: Headaches Diabetes Epilepsy/Seizures
 Hay fever Eye problems Stomach aches Requires mobility aid
 Earaches Nosebleeds Other: _____
 Behavioural Concerns: ADD/ADHD Autism Other: _____

- How is/are the above issue(s) handled? _____
- Please note any other health issues or medication camp staff may need to know about:

• **Camp staff is not authorized to administer medication**

Emergency Contacts

| | |
|---|--------------|
| 1 st Emergency Contact's Name: _____ | Phone: _____ |
| 2 nd Emergency Contact's Name: _____ | Phone: _____ |
| 3 rd Emergency Contact's Name: _____ | Phone: _____ |

Day Camp Medical Form / Release

My Child's Name is: _____

This Waiver and Release shall be binding upon me and my child, and our heirs and personal representatives. I acknowledge that I have read this document before signing it and have had an opportunity to obtain an explanation as to its contents.

IN CONSIDERATION of the acceptance of my child's registration in the Assiniboine Park Day Camp Program (the "**Program**") during the week/day of _____ (date), operated by the Assiniboine Park Conservancy Inc. (the "**Park**"), and in consideration of my permission for my child to participate in the Program which is sponsored by the Park, I hereby waive, release, discharge, and covenant to hold harmless the Park, its directors, officers, employees, agents, volunteers, coaches, and others representing the Park, from any and all liabilities, claims, demands, loss, or injury, that may arise from, or be sustained by, my child while participating in any Program sponsored by or conducted in conjunction with the Park, or that results from the use of Park facilities and/or equipment.

I Consent To The Following As A Parent And/or Legal Guardian:

- I accept financial responsibility for any treatment(s) or medication not covered by my provincial health care insurance;
- I give my consent to allow first aid to be performed on my child in the case of a medical emergency.

I hereby waive, release, discharge, and covenant to hold harmless the Park, its directors, officers, employees, agents, volunteers, coaches, and others representing the Park, from any and all liabilities, claims, demands, loss, or injury, that may be sustained by my child, that arises from or in connection with the undertaking of any action or actions related to the above-noted medical concerns or allergies. I have carefully read and understand all of the above and I have had an opportunity to obtain an explanation of its contents:

Dated on _____

Signature of Parent or Legal Guardian

Print name of Parent or Legal Guardian

education@assiniboinepark.ca, P: 204-927-6070, F: 204-927-7200

Policies:

- Cancellations must be made a minimum of ten (10) business days prior to the start of the program for a 90% refund of the program fee.
- Cancellations with less than ten (10) business days' notice receive a 75% refund of the program fee.
- No refunds will be given for cancellations with less than two (2) business days' notice.
- Advance registration is required and the full payment must be received in advance to guarantee a space.
- Receipt of your child's medical form, consent and audio/visual waivers are **mandatory** for participation in all camp programs.
- Please retain your receipts for tax purposes
- We reserve the right to expel bullies and uncooperative campers in the case of any infractions (physical, verbal or otherwise), with *no refund* of camp fees or other financial compensation. Please visit www.assiniboinepark.ca or www.assiniboineparkzoo.ca for all of our camp policies

Lunch and Snacks

- **PLEASE DO NOT SEND PEANUTS, NUTS, OR PRODUCTS CONTAINING PEANUTS OR NUTS.**
- We promote a policy of no food sharing as many of our campers have severe allergies to foods like gluten or milk products and we want to help reduce the risk of exposure to these items.
- Time will be scheduled each day for campers to have a morning snack, lunch and an afternoon snack. Please ensure that your child has something to eat and drink for each of these breaks.

During the Day:

- Campers are active throughout the day. Please ensure proper footwear is worn to make these activities more enjoyable.
- Please ensure your child is dressed according to the weather as we could spend most of our day in an outdoor environment.
- **Please do not send:** Wheelie shoes, iPods or music devices, handheld electronic games, cell phones, toys, or trading cards. We are not responsible for loss of, or damage to, a camper's belongings.

Drop-Off and Pick-Up:

- Please refer to assiniboinepark.ca for drop-off and pick-up locations and times. These may vary for each camp.
- **You will be billed an additional \$5.00 for every 15-minute interval you are late picking up your child**