

Parent/Guardian Consent for Program Participation and Acknowledgement of Risk

This is an important document. Please review its contents carefully prior to providing permission for your child to participate in the programs.

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills.

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

My child has been informed that he/she is to abide by the rules and regulations, including directions and instruction from the school's and/or service provider's administration, instructors, and supervisors over all phases of the programs/activities.

In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.

I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. Should you not wish your child to be photographed or videotaped please initial here _____.

I _____ (**Name of parent/guardian**) give permission for _____ (**Name of student**) to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Name of Parent/Guardian(please print): _____

Signature of Parent/Guardian: _____

Date: DD / MM / YYYY

HOW TO REGISTER

*There are very 40 spots available in each week of the 7 week Summer Fun Day Camp. Please register for programs at Hastings Elementary School on: **Thursday, May 25th** @ **9:00AM**. Register early to avoid disappointment, summer days camps fill up quickly*

1. **Complete both sides of the registration form.**
2. **Submit your child's registration form and payment to Hastings Community School Office (2625 Franklin St)**



Summer FUN Day Camp

Summer 2017

Location: **Hastings Elementary**
2625 Franklin St, Vancouver
Dates: **July 4 – August 18th, 2017**
Time: **9:00 am – 3:00 pm**



Important Information – Please Translate

这是一份重要信息 — 请找人为您翻译

這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译

Thông tin quan trọng - Xin phiên dịch

Mahalagang Impormasyon - Paki salin sa sariling wika

Información importante - Por favor traducir



For more information, questions, or comments, please contact:
Serena Mann, Community Schools Programmer: 604-713-5268

www.vsb.bc.ca/communityschoolteams

The Templeton Community Schools Team is offering **Summer Fun** program at **Hastings Elementary School**. There are 40 spots available each week of the camp. Summer Fun Day camp is 7 weeks long.

Summer Fun is a 7 week long day camp at Hastings Elementary. Students are able to sign up for a few weeks of choice, or for the entire summer.

Students will engage in on-site recreational activities and out-trips to several Vancouver attractions including: Science World, The Aquarium, Playland, Big Splash, Laserdome & more. Each week will consist of one big out-trip such as (Playland) along with two or three local out-trips such as swimming/skating. In center days at Hastings elementary are loads of FUN, and include specialty in house programs.

SUMMER CAMP SCHEDULE

*main weekly out trip noted

Week 1: (July 4-7th) PLAYLAND \$105/ 4 day week

Week 2: (July 10-14th) SCIENCE WORLD \$115

Week 3 (July 17-21st) AQUARIUM \$115

Week 4 (July 24-28) REV'S BOWLING \$115

Week 5: (July 31- August 4th) BIG SPLASH WATERPARK \$115

Week 6: (August 7- 11th) ROCKY POINT PARK \$105/ 4 day week

*BC DAY on Monday, August 7th (NO CAMP)

Week 7: (August 14-18th) LASERDOME \$115

Time: 9:00am- 3:00pm

Staff: 4 CST program leaders + Templeton volunteers

Cost: \$115/week, short weeks \$105/week

***Parents will be provided with a detailed weekly schedule on the first week of Summer Camp. Please refer to the schedule for important dates/reminders.**

Summer 2017– Summer Fun Day Camp (4 pgs)

Program Selection: Summer Fun; July 4-Aug. 18, 2017					
Week 1 \$105 []	Week 2 \$115 []	Week 3 \$115 []	Week 4 \$115 []	Week 5 \$115 []	Week 6 \$105 []
Week 7 \$115 []					
Payment Total: \$	Method: <input type="checkbox"/> Cash (exact change only) <input type="checkbox"/> Cheque (payable to Vancouver School Board)				
FINANCIAL HARDSHIP POLICY: The Board of Education Trustees is committed to ensuring that no school-age student will be denied an opportunity to participate in a course, class or program because of an inability to pay fees. Please contact Theresa Schiewe at 604-713-5885 for more information.					
PARTICIPANT INFORMATION					
Student Name:					
Birthdate: MM / DD / YYYY	Age:	Grade:	Gender: M / F		
Address:			Postal Code:		
Elementary School:		Teacher:			
PARENT/GUARDIAN INFORMATION					
Name:			Home #		
Relationship to participant:			Cell #		
e-mail:					
WHO IS PICKING UP YOUR CHILD?					
Contact 1 (name): _____		Phone: _____			
Contact 2 (name): _____		Phone: _____			
Contact 3 (name): _____		Phone: _____			
EMERGENCY CONTACT INFORMATION (other than Parent/Guardian)					
1	Name:				
	Relationship to child:				
	Home #	Work #	Cell #		
2	Name:				
	Relationship to child:				
	Home #	Work #	Cell #		

EMERGENCY MEDICAL INFORMATION

The collection and retention of information requested on this form is authorized and governed by the British Columbia *School Act* and the *Freedom of Information and Protection of Privacy Act*. The following information will be helpful to the program staff in making your child's participation comfortable, safe and pleasant.

BC Medical Services Plan Personal Health No.:		
Name of Physician:		Phone #
Student School Accident Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Tetanus shot: DD / MM / YYYY	
Allergies (e.g. specific drugs, certain foods, insect stings, hay fever) Please specify:		
Reaction(s) to above:		
Carries Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:		
Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:		
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):		
Other health/medical/dietary concerns/restrictions:		
ACKNOWLEDGEMENT OF CONSENT		
Should it become necessary for my child to have medical care, I hereby give the Templeton Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.		
Name of Parent/Guardian (please print): _____		
Signature of Parent/Guardian: _____		
Please complete the both sides of this registration form. → → → → →		

