



**BRITANNIA COMMUNITY SERVICES CENTRE**

1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

**PARENTAL CONSENT FORM:**

**BRITANNIA PRETEEN DAYCAMP - Week 2**

*July 15 to July 19 2019, Mon/Tues/Thurs/Fri 11:00am-5:00pm, Wed 9:00am-3:00pm*

NAME: \_\_\_\_\_ BIRTH DATE (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**THIS LIST IS FOR YOU, THE PARENT/GUARDIAN, TO MAKE STAFF AWARE OF THE LIMIT(S) OF YOUR CHILD PARTICIPATION IN ACTIVITIES FROM**

I hereby authorize my child \_\_\_\_\_ to participate in the activities sponsored by the Britannia Community Services Centre.

Mon. July 15 <sup>th</sup> 2019	Telus World of Science	Transit	_____
			Signature of Parent/Guardian

Tues. July 16 <sup>th</sup> 2019	Swimming @ Hillcrest Pool	Transit	_____
			Signature of Parent/Guardian

Wed. July 17 <sup>th</sup> 2019	Castle Fun Park	Charter Bus	_____
	**9:00am-3:00pm**		Signature of Parent/Guardian

Thurs. July 18 <sup>th</sup> 2019	Skimboarding @ Jericho Beach	Brit Bus	_____
	@Windsure Adventure Watersports		Signature of Parent/Guardian

Fri. July 19 <sup>th</sup> 2019	Hike @ Lynn Valley Park	Transit	_____
			Signature of Parent/Guardian

**PLEASE COMPLETE ALL APPLICABLE PAGES OF THIS CONSENT FORM FOR IT TO BE VALID**

1. My child will be:

Picked up by \_\_\_\_\_ Relationship: \_\_\_\_\_

Can return home by themselves

2. Any other information that you feel is important in allowing or not allowing your child to participate in our programs and activities:

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Please notify staff to any changes to this form that may affect your child's participation in our programs.



# Windsure Adventure Watersports – Consent Form INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK

Windsure  
1300 Discovery st.  
Vancouver, BC  
V6R 4L9  
Phone: 604-224-0615  
Fax: 604-222-1322  
[info@windsure.com](mailto:info@windsure.com)  
[www.windsure.com](http://www.windsure.com)

To be completed by parent or legal guardian for participants under the age of 19.

This Consent and Acknowledgement of Risk form is an agreement between the participant or the custodial parent/guardian of the participant and Windsure. The choice to participate in any Windsure program is made freely and with understanding of the associated benefits, risks and responsibilities. This is not a waiver and signing this form DOES NOT waive your child's legal rights. **Please initial the two boxes (below right) to indicate that you and the participant named have read each section and sign below to confirm that you understand and agree to the following terms.**  
**PLEASE READ CAREFULLY**

**Name of Participant:** \_\_\_\_\_ **Date of Birth (Optional):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_  
**Emergency Contact name and phone number:** \_\_\_\_\_  
**Health Notes:** \_\_\_\_\_  
**Program Name & Dates:** \_\_\_\_\_

The activities offered at Windsure are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from outdoor activities is, in part, a result of risks inherent in these activities. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills, exposure to outdoor recreation activities, and nature education. While Windsure strives to manage risk, it is neither possible nor desirable to eliminate all risk.

In consideration in allowing me/my minor child to participate in any Windsure program, event and activity, I understand that:

- Windsure offers outdoor activities which include, but are not limited to: windsurfing; stand up paddle boarding; skim boarding and instructional courses.
- Outdoor activities include inherent risks that may be different or greater than those risks normally assumed at home, work or school. These risks include but are not limited to – slipping; insect or animal bites; immersion in cold water; hypothermia (cold exposure); hyperthermia (heat exposure); uneven terrain; unpredictability of weather and ocean conditions; psychological and physical reaction to extreme natural forces and conditions; collision with exposed or unexposed hazards including vessels; loss or damage of personal property; injury; permanent disability; or fatality.
- Communication and emergency response times may be significantly longer than in urban settings.
- I may contact Windsure in advance if I have questions about the risks described above or pertaining to any other aspect of the program.

**I UNDERSTAND**  
**X** \_\_\_\_\_  
**Initial**

I agree that participation in Windsure activities requires the Participant to:

- Share the responsibility for the safety of their self and others during all activities.
- Follow all instructions and directions of Windsure Instructors/Guides. Failure to do so may result in removal from the program.
- Assume the above risks and accept responsibility and costs for all damages and loss resulting from their participation, including all evacuation costs.

**I AGREE**  
**X** \_\_\_\_\_  
**Initial**

I, as the participant or parent/legal guardian of the Participant, am not relying on any oral, written or visual representation or statements by Windsure or any other inducement or coercion to go on the program, and I want the Participant to attend Windsure's program. I agree that this Agreement shall be governed exclusively in all respects by and interpreted solely in accordance with the laws of the Province of British Columbia.

**X** \_\_\_\_\_  
Participant or Parent/Legal Guardian's Printed Name

**X** \_\_\_\_\_  
Participant or Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

### Optional:

#### Consent to Display Photographs and Images

I give my consent to Windsure to use photographs or other images of the Participant for educational or promotional purposes, as they deem fit.

**X** \_\_\_\_\_  
Participant or Parent/Legal Guardian's Signature

Please send me future Windsure program information by email:

Yes \_\_\_\_\_ No \_\_\_\_\_