



# READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

Please complete form, sign and submit the original copy to Community Centre staff

## PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

Community Centre: Britannia Community Services Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as child in legal terms.

Activity Name: Preteen Adventure Camp Date: 7/3/17 - 8/25/17 Time: see below

Activity Description: Monday, Tuesday, Thursday, Friday camp runs from 11:00 am to 5:00 pm. Wednesday camp runs from 9:00 am to 3:00 pm. Camp runs out of the Teen Centre at Britannia Community Centre. [X] See attached

Mode of Transportation: Public Transit, Britannia Bus, and Charter Bus

Child's Name: Parent/Legal Guardian Name:

### NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

### PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, in respect of the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

### AWARE OF RISKS

I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME FOR ME AND THE CHILD RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;
(2) the nature of the Activity is such that the Community Centre cannot identify all risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND FOR THE CHILD I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITY, AND, FOR MYSELF AND THE CHILD, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I or the Child or our respective successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activity; and
2) I HEREBY RELEASE the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activity; and
3) FOR MYSELF, I AGREE TO INDEMNIFY the Community Centre for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activity.

**EMERGENCY INFORMATION AND MEDICAL CONSENT**

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name:  Child's Date of Birth: (mm/dd/yyyy)

Child's BC Care Card Number:

OR Child's Medical Insurance & Policy Number: (copy of insurance policy required)

**Emergency Contacts:**

Name:  Relation to Child:  Phone:  Phone:

Name:  Relation to Child:  Phone:  Phone:

List any Medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

**PICK-UP PERMISSION :**

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

**PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:**

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the child while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services.

Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES  NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

**I HAVE READ AND I UNDERSTAND THIS DOCUMENT**

PARENT/LEGAL GUARDIAN	PARTICIPANT CHILD/YOUTH
Signature: <input type="text"/>	Signature (preferred): <input type="text"/>
Print Name: <input type="text"/>	Print Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/> Postal Code: <input type="text"/>	City: <input type="text"/> Postal Code: <input type="text"/>
Home Phone: <input type="text"/> Work Phone: <input type="text"/>	Home Phone: <input type="text"/> Cell Phone: <input type="text"/>
Cell Phone: <input type="text"/> Date: <input type="text"/>	Date: <input type="text"/>
Email: <input type="text"/>	Reviewed for Completeness by Staff - Initials: <input type="text"/>



**BRITANNIA COMMUNITY SERVICES CENTRE**

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

**PARENTAL CONSENT FORM:**

**BRITANNIA PRETEEN DAYCAMP - Week 7**

**Aug 21 to 25 2017, 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. Aug. 21<sup>st</sup> 2017      Swimming @ Hillcrest Pool      Britannia Bus \_\_\_\_\_  
Signature of Parent/Guardian

Tues. Aug. 22<sup>nd</sup> 2017      Skimboarding @      Britannia Bus \_\_\_\_\_  
Windsure Adventures      Signature of Parent/Guardian

Wed. Aug. 23<sup>rd</sup> 2017      Swimming @ Coquitlam Pool      Charter Bus \_\_\_\_\_  
\*\*9:00am-3:00pm\*\*      Signature of Parent/Guardian

Thurs. Aug. 24<sup>th</sup> 2017      The Fair @ the PNE      Public Transit \_\_\_\_\_  
\*\*gate admission only\*\*      Signature of Parent/Guardian

Fri. Aug 25<sup>th</sup> 2017      hiking @ Lynn Canyon      Britannia Bus \_\_\_\_\_  
Signature of Parent/Guardian

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

**SEE PAGE 2**

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:

---

---

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



BRITANNIA COMMUNITY SERVICES CENTRE  
1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone 718-5800

### PARTICIPANT MEDICAL INFORMATION

Please note that the information contained herein is considered confidential and will only be shared with the trip leader and medical personnel in the event of a medical emergency. This information is important - **PLEASE PRINT CLEARLY.**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **BIRTHDATE (d/m/y):** \_\_\_\_\_

**PARENT / GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME TEL:** \_\_\_\_\_ **WORK TEL:** \_\_\_\_\_ **ALTERNATE TEL:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – can be another parent / guardian**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME TEL:** \_\_\_\_\_ **WORK TEL:** \_\_\_\_\_ **ALTERNATE TEL:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **DR'S PHONE:** \_\_\_\_\_

**B.C. CARE CARD PERSONAL HEALTH NUMBER:** \_\_\_\_\_

**OTHER HEALTH/MED. INSURANCE:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

Is your Child subject to any of the following? (circle)

- |               |          |                           |
|---------------|----------|---------------------------|
| Severe Asthma | Diabetes | Seizure Disorder/Epilepsy |
| ADD / ADHD    | Other    |                           |

If yes, please give additional information: \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**  **LIFE THREATENING/ANAPHYLAXIS** or  **Non life threatening** or  **None**

Foods \_\_\_\_\_  Animals \_\_\_\_\_

Insects \_\_\_\_\_  Grasses/Pollens \_\_\_\_\_

Drugs \_\_\_\_\_  Other \_\_\_\_\_

Describe what happens during a reaction: \_\_\_\_\_  
\_\_\_\_\_

In the event of a reaction, what actions are necessary? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been hospitalized due to a reaction: Yes / No      If yes, when? \_\_\_\_\_

What, if any, medication does your child carry for their allergy? \_\_\_\_\_  
\_\_\_\_\_

CONTINUE ON SECOND SIDE

Has your child been under a **DOCTOR'S CARE** in the last 12 months? Yes / No If **YES**, for what reason?

Does your child suffer any **PHYSICAL LIMITATIONS**? \_\_\_\_\_

Does your child have any **PSYCHOLOGICAL LIMITATIONS** (Eg. fear of heights, fear of water, etc) If yes, describe:

Does your child experience any **BED TIME / SLEEPING DIFFICULTIES**? If yes, describe: \_\_\_\_\_

Does your child have any **DIETARY RESTRICTIONS**? If yes, describe: \_\_\_\_\_

Has your child ever had any **MAJOR ILLNESSES, INJURIES, or OPERATIONS**? Yes / No If **YES**, describe:

Is your child taking **ANY PRESCRIPTION OR NON-PRESCRIPTION DRUGS**? Yes / No

If **YES**, What drug? \_\_\_\_\_ How frequently? \_\_\_\_\_

When was your child's last **TETANUS** Inoculation or Booster (d/m/y)? \_\_\_\_\_

\*\*\*\*[Tetanus shot must be current (within last 10 years) for **ALL** overnight wilderness trips]\*\*\*\*

**EYESIGHT:** Excellent Good Fair Poor Glasses Contacts Laser Eye Surgery

**HEARING:** Excellent Good Fair Poor Require Electronic Hearing Aid

**SWIMMING ABILITY:** None Minimal Able to swim 25m Able to swim 100m Able to swim 1 km

How often does your child swim? Daily Weekly Monthly Several times per year Rarely

Do they have any swimming qualifications? \_\_\_\_\_

#### IMPORTANT NOTES

1. If your child wears **glasses** bring a second pair in case their first pair is broken or lost.
2. If your child wears **contacts** send a pair of glasses as back-up.
3. If your child is bringing **medication**: *A.* Check the expiry *B.* Send complete second set (that the instructor can carry) in case the first set is damaged or lost. *C.* Ensure all medication is labeled with child's name, drug name, dosage and expiry. *D.* Check with doctor/pharmacist regarding any contraindications or storage restrictions that might be affected by this trip.
4. We may treat our **drinking water** with iodine, chlorine or by boiling. Chemicals are not effective against Cryptosporidium. We recommend that immune compromised people bring an appropriate filter for their trip.

I confirm that the above information is correct and I hereby give consent and full authority for the staff of Britannia Community Centre to arrange for and consent to any medical treatment or hospitalization for my child/ward while he/she is in the care of the community centre. I further authorize these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes.

**I understand that it is my responsibility to inform the staff of *Britannia Community Centre* of any new medical condition or change to the information provided as early as possible.**

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP TO MINOR: \_\_\_\_\_



# 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 \_\_\_\_\_