



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. 21st 2017 Swimming @ Hillcrest Pool Britannia Bus _____
Signature of Parent/Guardian

Tues. Aug. 22nd 2017 Skimboarding @ Britannia Bus _____
Windsure Adventures Signature of Parent/Guardian

Wed. Aug. 23rd 2017 Swimming @ Coquitlam Pool Charter Bus _____
9:00am-3:00pm Signature of Parent/Guardian

Thurs. Aug. 24th 2017 The Fair @ the PNE Public Transit _____
gate admission only Signature of Parent/Guardian

Fri. Aug 25th 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.



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
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 _____