



READ CAREFULLY

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

CHILD ACTIVITIES (refers to under 19 years of age)

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 a "Child" in legal terms.

Activity Name: Preteen Adventures Daycamp Date: July 2- Aug 24, 2024 Time: See below

Activity Description: Daycamp program where registered preteens will be participating in a games, arts and crafts, outdoor explorations, playground and park activities, and public transit or charter bus trips. Swimming and Skating at Britannia Pool/Rink will be activities. Please see weekly waiver for dates and locations. Activities subject to change. Participants will provide their own nut free lunch and snack. Mon/Tues/Thurs/Fri 11:00am-5:00pm Wed 9:00am-3:00pm

Mode of Transportation: See weekly consent form for specific dates, locations and methods of transportation

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, with respect to 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 RESPONSIBILITY FOR, ALL RISKS TO THE CHILD IN CONNECTION WITH THEIR 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 of the risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors in administering or supervising the Activity or that other children participating in the activities will not cause injuries or harm to the Child.
(3) the nature of the Activity is such that the Child will interact with other people, continuous physical distance between the Child and other people cannot be guaranteed, and, by participating in the Activity, the Child risks being infected by a pathogen, including but not limited to SARS-COV-2. SARS-COV-2, which causes the disease COVID-19, may exacerbate other health issues and is the cause of an ongoing global pandemic. SARS-COV-2 is highly communicable and dangerous. If the Child becomes infected with SARS-COV2, he, she, or they may transmit it to other people even if he, she, or they is not exhibiting symptoms of illness.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO THEIR PARTICIPATION IN THE ACTIVITY, AND, 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 and/or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I 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, judgements and orders for, or with respect to, any and all losses, injuries, damage or expenses I may suffer, incur, or experience in connection with the Child's participation in the Activity; and
3) 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 against it with respect to any and all losses, injuries, damages or expenses of any kind anyone, including the child, may suffer, incur or experience to the extent they or any of them arise from or are in any way connected to my conduct or the Child's conduct in or 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)

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.

Emergency Contacts:

Name: Relation to Child: Phone: Phone:

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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 participating 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"/>	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"/> Cell Phone: <input type="text"/>
Home Phone: <input type="text"/> Work Phone: <input type="text"/>	Date: <input type="text"/>
Cell Phone: <input type="text"/> Date: <input type="text"/>	Reviewed for Completeness by Staff - Initials: <input type="text"/>
Email: <input type="text"/>	



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: _____