

# TRANSPORTATION

Name of Participant: \_\_\_\_\_

All participants must be accompanied into the centre and signed into camp daily by a parent/guardian.

Only the individuals listed below will be permitted to sign your child out at the end of each camp day. Please let us know if you would like to change this list by notifying us in writing at [camps@canadagamescentre.ca](mailto:camps@canadagamescentre.ca). Each individual will be asked for photo identification before a child is allowed to leave camp.

The following individuals may pick up my child from camp each day: (Include Parents/Guardians)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please understand that we will not allow your child to leave the centre with anyone not on this list or without photo identification. This will cause a delay in your child leaving camp. Please submit any changes in writing to avoid delays in your schedule.

Arrangements for children who would like to walk home at the end of the day must be made in advance by contacting the camp office directly.

I understand that my child will not be permitted to come to camp if this form is not completed and submitted to the Canada Games Centre.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

# MEDICAL

Name of Participant: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contacts (Different from Parent/Guardian and available during camp hours)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Medications/Allergies/Behaviour

Will the participant require prescription medication while in our care?      YES              NO

Medication Name(s): \_\_\_\_\_

Administered How/When: \_\_\_\_\_

Will the participant require assistance to administer?      YES              NO

Please list the participant's allergies and reaction to the allergen: \_\_\_\_\_

Do any of the allergies require the use of an epi-pen? YES/NO

Which: \_\_\_\_\_

Can the participant self-administer the epi-pen? YES/NO

Does the participant have any non-medical or behavioural concerns that we should be made aware of? Please include any strategies that you have found useful in dealing with this behaviour. (Attach an additional page if necessary or send an email to [camps@canadagamescentre.ca](mailto:camps@canadagamescentre.ca))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be sure to give all prescription medication to camp staff at drop off and ensure that the participant is wearing their EpiPen or inhaler if necessary. All medications should be clearly labeled with the participant's name. **Camp staff cannot administer any non-prescription medication.** Please inform camp staff of any changes to the above information immediately.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PERMISSION

Name of Participant: \_\_\_\_\_

I give permission for my child to leave the Canada Games Centre (CGC) grounds while attending camps to play at different sites in the immediate area. My child will always remain in the company of CGC Camp Staff and safety precautions will be observed at all times. I also give permission for my child to attend any field trip associated to their weekly camp.

Initials: \_\_\_\_\_

I give permission for my child to be photographed by the Canada Games Centre for promotional materials on the CGC website, social media and printed media. These photos will be protected and your child will not be named online.

Initials: \_\_\_\_\_

The CGC has a strict pick-up and drop-off policy to protect your child's safety. I have completed the transportation form and I understand that my child(ren) will not be permitted to leave camp on their own, or leave with someone not listed or without proper identification.

Initials: \_\_\_\_\_

The CGC Camp Program is committed to making camps a safe and enjoyable environment for all participants. By signing below, you agree to our program and behavioural guidelines and understand that your child's behaviour should be respectful and not offensive to others. Please take the time to review these expectations with your child. CGC Camp Staff will make parents aware of any behavioural concerns that may arise; however, the CGC reserves the right to remove any child from camp for continued or serious poor behaviour.

Initials: \_\_\_\_\_

As part of our Camp Safety procedures, swim tests are administered every Monday. I hereby allow my child to take part in a swim test to determine whether or not a life jacket/belt is needed through his/her week at camp. I agree with the outcome and have no issues with my child wearing a life jacket/belt, if the swim test deems that as the outcome.

Initials: \_\_\_\_\_

I, \_\_\_\_\_, have read and understand all matters outlined in the CGC Camps - Parent Handbook. In signing this document, I understand the inherent risk of injury while participating in recreational activities at CGC Camps. I understand the CGC and its employees are not held liable for any of these injuries sustained at camp, as well as any lost, damaged, or stolen property.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date: