

# Transportation

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

All participants must be accompanied to the drop off location 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. We ask that families please limit the number of people responsible for the drop-off and pick-up of the child(ren).

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: \_\_\_\_\_

Please understand that we will not allow your child to leave the Centre with anyone who is not listed, or who does not have photo identification. This will cause a delay in your child leaving camp. Please submit any changes in writing ahead of time to avoid delays.

I understand that my child will not be permitted to attend 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 of which we should be made aware?  
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 vicinity. 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 with 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 to leave with someone not listed or without proper identification.

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

The CGC Camp Program is committed to making our 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 behavioural concerns.

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 if a life jacket/belt is needed during their 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 Summer Camps. I understand that 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

# Assumption of Risk and Waiver of Liability Relating to COVID-19

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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, provincial, and local governments such as the Halifax Regional Municipality (“HRM”) and federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Canada Games Centre has put in place preventative measures to reduce the spread of COVID-19 at its day camps; however, Canada Games Centre cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the day camp could increase your risk and your child(ren)’s risk of contracting COVID-19.

I understand that this Assumption of the Risk and Waiver of Liability agreement is in addition to, and is not a substitute for, any other documentation or registration information that I might be required to execute by Canada Games Centre in order to enroll my child(ren) in the Canada Games Centre day camp.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the day camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the day camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Canada Games Centre, including employees and volunteers, and program participants and their families.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)’S ATTENDANCE AT THE CANADA GAMES CENTRE DAY CAMP (“CLAIMS”). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CANADA GAMES CENTRE, ITS BOARD OF DIRECTORS, EMPLOYEES, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Canada Games Centre, its Board of Director, employees, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Canada Games Centre day camp.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian