



# Killarney Community Centre Daycamp Parent's Agreement and Waiver Form



These guidelines are set by Killarney Community Centre to ensure the safety and good health of all participants and staff of the daycamp program. Every parent must carefully read and sign the agreement/waiver form if their child is to participate in the program.

## PART A

### DELIVERY AND PICK UP

- ☞ I understand that no child will be released if staff are of the opinion that the child may be at risk
- ☞ For the protection of the child, in the event of an unusual delay or incident, the Ministry of Children & Family may be contacted for assistance
- ☞ I will be responsible for the care and transportation of my child to and from the community centre and I will deliver my child directly to a program staff member.

## PART B

### HEALTH

- ☞ I understand that I must sign the **Consent to Administer Medication** form before staff can give any medication to my child. Please inform staff if you need to fill this form out.
- ☞ I understand that no child may attend who is judged to be ill or a source of infection.
- ☞ If my child is too sick to participate in the program, I understand that I may be called to pick up my child
- ☞ I will notify staff if my child contracts a communicable disease. I understand that my child may not return until they are no longer infectious

## PART C

### EXCURSIONS

- ☞ I hereby give my permission for my child to go on excursions off site. I understand that my child may be transported by public transit, by community bus or van, by hired bus companies or may walk to a destination. Typically, excursions include visits to parks, beaches, pools and other attractions within the Lower Mainland.

## PART D

### ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

- ☞ I understand that there are risks of damage, injury and/or loss associated with the program and agree not to hold Killarney Community Centre or its staff responsible for any of the above incidents.
- ☞ I understand that if my child does not abide by the rules and regulations set by Killarney Community Centre Daycamp and endangers his/her own and others safety and health, he/she may be asked to leave the camp and may not be able to return.

## PART E

### SIGNATURE

- ☞ By signing, I acknowledge that I have read and understand this agreement/waiver and agree to abide by the information presented while my child is participating in the Killarney Community Centre Daycamp program

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



# Killarney Community Centre Daycamp Participant Information

## CHILD'S INFORMATION

First Name:	Last Name:
Home Address:	
Postal Code:	Home Phone:
Birthdate (mm/dd/yy)	Age:

## PARENT/GUARDIAN INFORMATION:

<i>First Parent/Guardian</i>	First Name:
Business or Cell:	Last Name:
Name of Work Place:	Home Phone:
<i>Second Parent/Guardian</i>	First Name:
Name of work place:	Last Name:
Business or Cell:	Home Phone:

## EMERGENCY CONTACT INFORMATION

First name:	Last Name:
Home Phone:	Business or Cell:
English Speaking <input type="checkbox"/> Other _____	Name of work place:

## MEDICAL INFORMATION

Child's Medical Number:
Please specify any allergies:
Does your child take any medication (if yes, please specify)?
Any other medical conditions (please specify)?
Should your child be restricted from any activities?

## PICK UP INFORMATION (Who will be picking up your child?)

Person 1 Full Name:	Person 2 Full Name:
Is there any person who is NOT permitted to pick up your child ( please specify)?	

## CHILD'S SWIMMING ABILITY

Please check one:	Excellent <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Poor <input type="checkbox"/>
Last swimming lesson level completed (if applicable):			