



Hands On Farm Summer Camps 2017

Welcome to the Farm Club. We hope you have a great deal of fun this week. The following reminders will help your make the week more fun and enjoyable.

- Clothing: Please dress your child in clothing appropriate for a barnyard. It will get dirty it is unavoidable so wear clothing that you don't mind getting grubby. Wash with soap and hot water at the end of the week.
- Footwear: For safety reasons, you must wear closed-toed shoes while at the farm goats and calves
 have clumsy feet! Keep farm shoes separate and out of your house during camp week. Wash with soap
 and hot water at the end of the week. Bring a change of shoes so that farm footwear isn't tracked
 through your house. NO SANDALS.
- Hygiene: Children will wash hands after working with the animals. Have your child eat and use the
 toilet before visiting the farm. The Hands on Farm follows provincial recommendations for petting
 farms.
- Be Sun Safe: Your child will be spending a great deal of time in the sunshine, so please put on a hat and sunscreen before arriving.
- Allergies, Special Needs or Health Conditions: Please notify the front desk at time of registration and HOF staff of any serious issues that affect your enjoyment or safety while at the farm.
- Valuables: Leave valuables, etc. at home. The Hands on Farm cannot store or be responsible for valuables. Campers sometimes go for ice cream on the last day (Friday) of camp. Please give your child money on the last day if you would like him or her to participate. Your camp leader will have more information on this.
- Sign In/Out: You must sign your child in and out of Farm Club. Please communicate with a Hands on Farm staff person if you are picking your child up early. Pick up and drop off is at the Hands on Farm, Filberg Park.
- Allergies and Medical Conditions: If your child has any severe allergies, those requiring an epi-pen, or
 any other life threatening medical concerns please let the front desk know and they will give you an
 anaphylaxis package to fill out. After the package has been completed you will be contacted by the
 Recreation Programmer to coordinate a short meeting with yourself, Day Camp Staff, and the
 Recreation Programmer to review our procedures with you and your child prior to the first day of
 camp.



- Filberg Festival Weeks: Camps running on Aug 1-3 and Aug 8-10 must be escorted from the main gates to the Farm. Meet program leader there for drop-off and pick up.
- Weather: Staff must take into consideration weather safety when running outdoor camps. Please
 ensure we have your cell phone number and email in case we have to cancel a class. Cancellations will
 be credited to your account.
- Absent from Camp: Please let one of the staff know if you are going to be absent for one of the sessions.

For your records the Farm phone number is 250-339-3276.

Thank you for your cooperation. We look forward to meeting you this summer.

Sincerely, The Hands on Farm Staff



Office Use Only				
Received by: Date:	Scanned and Filed	by: Date:		
Participant Information Form 2017 Please ensure both sides are completed				
Child First and Last Name:	☐ Male	☐ Female		
Birthday: Day/Month/Year	Age:	Grade Completed:		
Address:	City:	Postal Code:		
Parent or Guardian First and Last Name:	Relationship to Camper:	Cell Phone:		
Email:	Home Phone:	Work Phone:		
Does participant have a life-threatening allergy/condition?				
Swimming Ability:	Beginner Intermediate Advanced			
Is there anything that can help staff connect and support your child to ensure a great camp experience? If your child requires an inclusion worker (EA) at school, then an inclusion worker must be provided by the family for Camp.				
For example: behavioral, diet, social, etc				
Permission				
Yes, my child has permission to participate in all activities, both at and away from the Comox Community Centre. *will involve use of public transit				
Yes, my child (10yrs +)has permission to sign out at the end of the program to walk or take the bus home.		rogram Please initial:		

Medical Information				
Participant First and Last Name:	Health Card (Number & Province):			
Allergies:	Medical Conditions:			
Medications:				
Destor	Phone:			
Doctor:	Phone:			
Emergency Contacts / Alternate Pick Up				
Emergency Contact #1				
Name:	Cell Phone:			
Relation:	Alternate Phone:			
Emergency Contact #2				
Name:	Cell Phone:			
ivanic.	Cen i none.			
Relation:	Alternate Phone:			
Liability & Photograph Release				
Zinomoj eo i notograpii i totono				
I hereby remise, release, and forever discharge the Comox Community Cent	tre, the Town of Comox and their employees and agents of from all	1		
manner of action, causes of action, claims and demands of whatsoever nature which my child may have in respect to any injury, loss or expenses my				
child may sustain arising out of or in any way connected with his/her partici the Physician/Ambulance in case of emergency or illness.	pation in the program and I also hereby authorize the caregiver to call	call		
Signature of Parent/Guardian:	Date:			
I give permission for my child to be photographed and/or videoed by the Town of Comox for use in online promotional materials including website				
content and/or social media (eg. Facebook, Twitter) and/or printed promotional materials such as brochures, leisure guides or other promotional material with which the Town may use to encourage others to participate in programs.				
Signature of Parent/Guardian:	Date:			
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Once form is complete, please email to $\underline{info@comox.ca}$