



# Comox Recreation COME PLAY WITH US!

Dear Parents/Guardians and Campers,

Welcome to Summer Camp 2017! We are looking forward to a summer of fun-filled activities in all our Summer Camps!! Exciting adventures, caring staff, new friends and memories that will last a lifetime are all experiences that await your child at Summer Camp. The following reminders will help make your week at Camp more fun and enjoyable.

**Please confirm location and time of Camp at time of registration, or prior to the first day.**

For more information about location of Camp, please call, Comox Community Centre 250 339 2255

**What to bring to Camp EVERY DAY (labelled with your child's name):**

- Prepare for unpredictable weather as we will be going outside (jacket, hat and sunscreen)
- Proper footwear (running shoes)
- Water bottle
- Bag lunch, healthy snack and an extra drink (NO NUTS/PEANUT BUTTER PLEASE)

**Sign In and Out Policy:**

Camper safety is foremost in our minds. Parents/Guardians must sign in with Day Camp staff when at drop off. At pick up Parents/Guardians will be required to sign their child out. You must notify Day Camp at sign in if there is an alternate pick up person and they must be listed on the Participant Information Form. To ensure a safe and well organized week, it would be extremely helpful if you would let the Day Camp staff know ahead of time if your child(ren) needs to leave early or miss a day of our program.

**Allergies and Medical Conditions:**

Please let the front desk know at time of registration if your child has severe allergies, requires an epi-pen or any other life threatening medical concerns. You will need to complete an information form and review procedures and your child's needs with the Recreation Programmer and Day Camp staff prior to the start of camp.

We look forward to an amazing and "FUN-TASTIC" camp!

Sincerely,

Amy Bauman and Alycia Maskiew  
Recreation Programmers  
Town of Comox Recreation



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### 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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthday: <i>Day/Month/Year</i>	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?  Yes  No

*\*If yes, please ask to fill out anaphylaxis data sheet*

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.

Please initial: \_\_\_\_\_

Please initial: \_\_\_\_\_



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## Medical Information

Participant First and Last Name:	Health Card (Number & Province):
Allergies:	Medical Conditions:
Medications:	
Doctor:	Phone:

## Emergency Contacts / Alternate Pick Up

### Emergency Contact #1

Name:	Cell Phone:
Relation:	Alternate Phone:

### Emergency Contact #2

Name:	Cell Phone:
Relation:	Alternate Phone:

## Liability & Photograph Release

I hereby remise, release, and forever discharge the Comox Community Centre, the Town of Comox and their employees and agents of from all 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 participation in the program and I also hereby authorize the caregiver to call the Physician/Ambulance in case of emergency or illness.

Signature of Parent/Guardian:	Date:
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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 [info@comox.ca](mailto:info@comox.ca)