



COLE HARBOUR PLACE CHILD INFORMATION FORM

Child's Name:	Birthday(dd/mm/yy):	Age:

Swimming Ability		
<input type="checkbox"/> RED life jacket at all times in all pools	<input type="checkbox"/> YELLOW life jacket only in big pool	<input type="checkbox"/> GREEN does NOT need a life jacket at any time in any pool

Medications/Medical:	Life-threatening allergy:

Guardians' Contact Information		
Name	Relationship to child	Phone number(s)

Emergency Contact Information		
Name	Relationship to child	Phone number(s)

Authorized for Check-out	<u>Please list any other people, other than above, who are listed above that are authorized to pick up your child from Day Camp. We will be checking ID's during pick-up.</u>	
Name	Relationship to child	Phone number(s)

<input type="checkbox"/> Full Day Camp <input type="checkbox"/> ½ Day Camp <input type="checkbox"/> Inclusion	<input type="checkbox"/> KICK-OFF: July 2-5 <input type="checkbox"/> Ocean: July 8-12 <input type="checkbox"/> Survivor: July 15-19 <input type="checkbox"/> Holiday: July 22-26	<input type="checkbox"/> Circus: July 29 - Aug 2 <input type="checkbox"/> Science: Aug 6-9 <input type="checkbox"/> Rock: August 12-16 <input type="checkbox"/> Finale: Aug 19-23	For Staff use only: →	Photo Release: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Sunscreen Aid: <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Additional Information

Please provide additional information about the camper (social, physical, emotional, mental) that CHP should be aware of and any recommended strategies to help enhance the camper's experience at our camps.

Does this camper have siblings in camp?

Names

Does your child require an aide at school?

- Yes (If yes, please discuss this with CHP Day Camp Supervisor about inclusion support if you have not done so already.
- 1:1 support MUST be pre-booked online and paid prior to camp. Limited spaces.)
- No

Photo Release

Cole Harbour Place may occasionally take photos of its camp participants for use in promotional/advertisement materials or publications (brochures, websites, newspaper ads etc). By ticking the box below, you agree to allow Cole Harbour Place to reproduce the likeness of your child in such promotional/advertisement materials and publications.

- Yes, I agree.
- No, I do not want my child's picture taken.

Permission to Apply Sunscreen

Cole Harbour Place requests that sunscreen be applied to your child prior to them attending camp for the day. As the parent or legal guardian of the above-named child, I hereby give my permission to the program leaders at CHP to assist my child in applying sunscreen, when he or she will be engaging in outdoor activities between the times of 8:00 AM and 5:00 PM. Sunscreen will need to be reapplied after our swim time at 12:00 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. Sunscreen will be required to be reapplied this section is a released statement allowing our staff to assist in reapplying sunscreen. If no, is selected your child will need to reapply sunscreen themselves.

- Yes, I agree.
- No, I do not want CHP staff to assist my child with any sunscreen application.



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Acknowledgement and Acceptance of Risk, and Consent

I have sufficiently informed myself about the nature of the camp and activities involved at the Cole Harbour Place Day Camps. I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the camp including, but not limited to: impact and collision with other participants, instructors, or spectators; impact with objects or equipment used in connection with daily activities; changes in the type of surface and the condition of surfaces, including playing courts, shower facilities, fields, and change rooms; adverse weather conditions; loss of balance; failure to play safely within one's own ability; theft; consumption of food and drink; and negligence of other participants or CHP staff.

I also give permission for camp staff members to administer first aid treatment to my child and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.

Participants are expected to be respectful and considerate towards other participants, CHP staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors and to be able to participate in a 1:10 instructor, camper ratio. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, CHP may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees. I confirm that I have discussed these rules with my child.

I, for myself, my child and on behalf of my child's heirs, assigns, personal representatives and next of kin (collectively referred to as "I", hereby release Cole Harbour Place and any of my agents from any and all responsibility or liability whatsoever with respect to disability, death or any and all injury, loss or damage to person or property whether caused by negligent act or omission of Cole Harbour Place or any agents; and I do hereby agree to indemnify and hold harmless Cole Harbour Place and any agents, of any causes of action, claims, demands, losses or cost of any nature whatsoever arising out of or in any way related to my child's participation at Cole Harbour Place camps.

I hereby waive all rights to file or prosecute any civil action against Cole Harbour Place and any agents, for disability, death or any injury, loss or damage to person or property in any way related to or resulting from Cole Harbour Place day camps.

I hereby consent to my child's participation in the camp on the terms and conditions set out above by signing below.

Printed name of Parent/Legal Guardian:

Signature of Parent/Legal Guardian:

Date: