



## COLE HARBOUR PLACE

51 Forest Hills Parkway, Box 17, Dartmouth, N.S., B2W 6C6

Phone: (902) 464-5100 Fax: (902) 464-5124

coleharbourplace.com

### Child Information Sheet

(File under first initial of child's first name)

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Swimming Ability: \_\_\_\_\_ English? Y N

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Parents' / Guardians' Full Names: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Cell)  
\_\_\_\_\_ (Work)

Siblings' Names: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Health Card #: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

### **Please list any other people, other than above, who you authorize to pick up your child from Day Camp.**

*Please note: If you have someone other than the listed names you can contact 464-5100 and leave a message with the name of the person picking up your child.*

#### **Person #1**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### **Person #2**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

**I hereby authorize Cole Harbour Place staff to seek appropriate medical attention if it is required.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*A New Dimension In Family Enjoyment*

## 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.

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- Does your child require an aide at school? ☐ Yes ☐ No

**If yes, please discuss this with CHP Day Camp Supervisor.**

## 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 9:00AM and 4:00PM. Sunscreen will need to be reapplied after our swim time at 12:00pm. 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.

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

## 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.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_