
Pro-D Day Camp Registration Form & Parental Consent

Child's Name: _____

Parent / Guardian Name: _____

Phone: _____ E-mail: _____

Mailing Address: P.O. Box _____ Town: _____

Province _____ Postal Code _____

Camps run from 8:30am-4:30pm for individuals aged 5 - 12. The cost is \$30 per day and you must register 48hrs in advance at youthcentre@nelson.ca or call 250-352-5656. Please note, space is limited and some dates may not be available depending on registration.

Please fill out the Parental Consent form below prior to registering your child

Pro-D Day Camp Parental Consent

Thank you for choosing to use the facilities, services and programs of the *NDYC*. We request your understanding and cooperation in maintaining both your child's and our health and safety by reading and signing the following *Parental Consent Form*.

Child's Last Name: _____ **Child's First Name:** _____
Child's Date of Birth: _____ **Child's Home Address:** _____
Name of Program Child is attending: _____

I consent to my child's participation in the above program. I am aware that there are risks associated with my child's participation in the above program, including the risk of injury, and I consent to have my child participate in the program in spite of such risks. I acknowledge that I have inquired about the nature of the activity, program or service and that I am not completely familiar with and I have been informed of any inherent risks.

I allow my child to partake in any off site activities and allow them to ride the bus, trolley or walk to the destinations.

In the event that my child required medical attention, I consent to my child being transported to the nearest emergency center, including by ambulance if necessary, I accept that I am responsible for any such costs of an ambulance.

I acknowledge that it is my responsibility to advise City staff members of any medical or other condition that may affect my child's participation in the above program.

I further understand that personnel who may not be licensed, certified, or registered instructors or professionals conduct the activities. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

I give _____ **Do not give** _____ (please check one item) permission to have the City of Nelson and /or its community partners to take and use photographs of the above mentioned child for any marketing or promotional items.

I have read the Parental consent form, understand and accept its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____ Date: _____

This portion of the form is to be filled out for children and youth day camps and out trips and must be submitted prior to your child starting the program or activity.

Name: _____ Age: _____

Emergency Contact Name (1) : _____ Phone: _____ Date: _____

Emergency Contact Name (2) : _____ Phone: _____ Date: _____

Please list any medical conditions your child may have (Allergies, injuries etc...)

Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the parent

Family Doctor Name: _____ Phone Number: _____

MSP Number: _____

My child will: Walk home after camps Be picked up by a parent/guardian

Who other (other than the parent/guardian listed above) has consent to pick up your child after the program?

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Is there any other information that will help your child be successful with our programs?