

## Parental Consent Form

### 2022 Summer Camp Registration & Parental Consent

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Camps run from 8:00am-5:00pm for individuals aged 5 - 12. The cost is \$33 per day. You must register by contacting the youth Program Coordinator at [youthcentre@nelson.ca](mailto:youthcentre@nelson.ca) or call 250-352-5656. Please note, space is limited and some dates may not be available depending on registration. Cancellations must be done **72 hours prior** to the start of camp to receive a refund, minus a \$10 administration fee.

**Summer Camps start Friday June 24, 2022**

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

### Weekly Schedule

| Day       | Pick-up/drop-off location              |
|-----------|--|
| Monday    | Lions Lakeside Park – Under the Gazebo |
| Tuesday   | Gyro Park – Meet at the Gazebo         |
| Wednesday | Art Gibbons Memorial Park              |
| Thursday  | Lions Park                             |
| Friday    | Nelson & District Youth Centre         |

\*Please note: Daily locations are subject to change based on weather conditions. We will notify you via email if the location changes.

## Parental Consent Form

Please check off the date(s) that your child will be attending:

| JUNE |    |    |    |    |    |    |
|------|----|----|----|----|----|----|
| SU   | M  | T  | We | TH | F  | S  |
|      |    |    |    |    |    |    |
|      |    |    |    |    | 24 | 25 |
| 26   | 27 | 28 | 29 | 30 |    |    |

| JULY |    |    |    |    |        |    |
|------|----|----|----|----|--------|----|
| SU   | M  | T  | We | TH | F      | S  |
|      |    |    |    |    | CLOSED | 2  |
| 3    | 4  | 5  | 6  | 7  | 8      | 9  |
| 10   | 11 | 12 | 13 | 14 | 15     | 16 |
| 17   | 18 | 19 | 20 | 21 | 22     | 23 |
| 24   | 25 | 26 | 27 | 28 | 29     | 30 |
| 31   |    |    |    |    |        |    |

| AUGUST |        |    |    |    |    |    |
|--------|--------|----|----|----|----|----|
| SU     | M      | T  | We | TH | F  | S  |
|        | CLOSED | 2  | 3  | 4  | 5  | 6  |
| 7      | 8      | 9  | 10 | 11 | 12 | 13 |
| 14     | 15     | 16 | 17 | 18 | 19 | 20 |
| 21     | 22     | 23 | 24 | 25 | 26 | 27 |
| 28     | 29     | 30 | 31 |    |    |    |

| SEPTEMBER |   |   |    |    |   |   |
|-----------|---|---|----|----|---|---|
| SU        | M | T | We | TH | F | S |
|           |   |   |    | 1  | 2 | 3 |

## Parental Consent Form

### 2022 Summer 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 Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

I consent to my child's participation in the Nelson and District Youth Centre Summer Camp Program. I am aware that there are risks associated with my child's participation in the Nelson and District Youth Centre Summer Camp 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: \_\_\_\_\_

## Parental Consent Form

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***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.***

Emergency Contact Name (1) : \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name (2) : \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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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**

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