

# Genesis Place Day Camp Participant Information

## Genesis Place Day Camp Participant Information Form

In order to provide quality care to program participants we must have up-to-date information. The forms should be completed and returned to Genesis Place, at least one week prior to the camp start date. It is the responsibility of the parent(s)/guardian(s) to inform the day camp supervisor or staff of any changes to the participant's information.

Genesis Place encourages children of all abilities to participate and is committed to the inclusion of all children. In order that we may plan more effectively to meet participants needs, please indicate what, if any, supports or accommodations your child may require to participate in our programming. Please contact 403.948.8804 ext. 5510 for more information or to discuss any needed supports.

**Please check out our Day Camp website for all the information you need to make day camps a successful experience for your child.**

**[www.genesisplace.ca/daycamps](http://www.genesisplace.ca/daycamps)**

# 2022 Genesis Place Day Camp Participant Information Form

## A. Participant Information

First Name:	Last Name:	Gender Preference:
Age:	Date of Birth:	

## B. Medical Information

1. Does the participant have any allergies? Yes\_\_ No\_\_
2. Does the participant have a learning disability, physical challenge or medical condition? Yes\_\_ No\_\_
3. Does the participant require medication? Yes\_\_ No\_\_

*There will be additional forms that need to be completed on the first day of camp if you indicated yes to any of the above questions.*

## C. Participant Pick-Up Information **PLEASE CHOOSE ONE ONLY**

- The participant is ONLY allowed to leave with the parents/guardians listed in section D.
- The participant is allowed to leave camp on their own at 12pm or 4:30pm when camp is over. **Only available for 8-12 year olds.**
- Is there a custody agreement that staff should be aware of? If so, explain below.

## D. Parent/Guardian Information

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_  
 Secondary phone number: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_  
 Secondary phone number: \_\_\_\_\_

## E. Emergency Contact *(must be different than individuals listed in section D)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_  
 Secondary phone number: \_\_\_\_\_

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CURRENT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 Parent/Guardian Name (Print)      Parent/Guardian Signature      Date (mm/dd/yyyy)

# PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK FOR PROGRAMS WITH AN ELEMENT OF HIGH RISK

- Read this document thoroughly before you sign.
- It must be signed and dated in order for you to participate.
- In consideration of my (child's) participation in Genesis Place Day Camps (The Program), I agree and acknowledge that:
  1. I have (my child has) met all of the prerequisites required for participation in The Program.
  2. I (my child) will abide by the rules and regulations imposed on participants in The Program.
  3. I freely and voluntarily acknowledge and assume any and all risks and hazards inherent in The Program (including personal injury or property loss, or death), and accordingly my child's participation in The Program is entirely at my own risk.
  4. I waive any claim I may have against The City arising from my child's participation in The Program and I will indemnify and save harmless The City, its employees and agents for any claim, except negligence on the part of The City, its employees and agents.
  5. I agree that by signing this Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in The Program to which I am willing to expose my child or charge and I will pay for any costs incurred by The City, its employees or agents should a suit be launched on my child's or charge's behalf, except in the case of negligence on the part of the City, its employees or agents.
  6. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my (my child's) health and safety and I shall be financially responsible for such advice and services.
  7. I have **CAREFULLY READ** the Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk and fully understand it, I, the parent/guardian agree to pay any accrued "After Hour Pickup Fees" accumulated in my neglect to pick my child/children up promptly after the Day Camp ends.

Dated at Airdrie, Alberta this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Please Print Participant's Surname, First Name

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

The information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (the "Act") and will be used solely for the purposes of administering the Day Camp Program at Genesis Place. It will be treated in accordance with the privacy protection provisions of Part 2 of the Act.

Questions concerning collection of this information can be directed to the Preschool, Children's and Youth Programmer for Genesis Place at 800 East Lake Boulevard NE, Airdrie, Alberta T4A 2K9 or 403.948.8804 Ext. 5510.



For information contact 403.948.8804 ext. 5550 or visit [genesishplace.ca](http://genesishplace.ca)