JUDO SUMMER CAMP INFORMATION

- 1. Operational hours for the Judo Summer Camp Program are 8:30 a.m. to 5:30 p.m. Children can be dropped off between 8:30 a.m. and 9:00 a.m. Children are to be picked up between 4:30 p.m. and 5:30 p.m.
- 2. Location for Drop off and Pickup:

Ecole St. Joseph School Small Gymnasium

- 3. On rainy days, please send:
 - rubber boots
- rain jacket/ponchoindoor shoes

- 4. For daily activities, children must bring:
 - Judoko
 - lunch
 - bug repellent

 - Sunscreen

- indoor running shoes
- 4 snacks
- water bottle
- Bathing Suit and Towel (Friday only)
 additional clothing (sweatpants,t-shirt)
- 5. Judo Camp is a NUT FREE Zone due to allergies. Please do not send nut filled snacks or lunches.
- 6. Water will be available for the children.
- 8. A lost & found box will be located with the leaders. Please check this box for any lost items. The City of Yellowknife assumes no responsibility for lost or stolen items.
- 9. Staff will be checking attendance throughout the day. Please call the Program Coordinator, at 920-5606 if your child(ren) will be absent from the program. A written note to the staff is requested for all early departures.
- 10. The Informed Consent Form and Judo Camp Registration Form must be completed and returned to the Community Services Department before your child's participation in the Judo Camp program.
- 11. Individual refund requests received at least 48 hours before the commencement of the program will result in a full refund. No refunds after the midway point of the program.
- 12. Please keep your receipt. There is a charge of \$30 for any additional copies of receipts.

If you have any questions, please do not hesitate to ask our staff or call our office at 920-5606.

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JUDO SUMMER CAMP REGISTRATION INFORMATION

Child's Name:		Ma	le:	_ Female:			
Age: Date of	Birth:Year	Month	Day	_			
In Case of Emergency							
Contact Name:		Pho	ne:				
Cell Phone:							
Alternate Contact:	Pho	Phone:					
Cell Phone							
	MEDICAL INFOR	MATION					
Please list all conditions, nee medical conditions for you child Yes Please specifyNo							
Has your child had any illness, i Yes Please specify No							
Does your child receive any sup Yes Please specifyNo							
Does your child take any medicates Yes Please specify No							
Does your child suffer from any	allergies (or any othe	er pertinent healt	h informa	tion)?			
Are there any special instruction	ns for your child?						

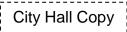
(Parents/guardians are responsible for any ambulance fees that may be incurred.)

Judo Camp Coordinator	

OTHER INFORMATION

Will you be picking up your child each day? ☐YES ☐NO							
Is your child to walk home or to your office at the end of the day? YES NO							
Please specify time:							
Please note that the Judo Camp Program ends at 5:30 p.m. sharp. <u>Late pickup charges will be applied according to policy.</u>							

PLEASE RETURN TO CITY HALL OR TO JUDO CAMP STAFF ASAP



The City of Yellowknife Judo Summer Camp Program Informed Consent Form

I		am authorized and request to have
	(name of Parent/ Guardian)	
		("my Child") participate in the City of Yellowknife's
Judo S	Summer Camp Program (the "Program").	
includ	e but are not limited to the possibility of per	Program involves many inherent RISKS, which Risks sonal injury such as skin abrasions, nerve, bone, spinaries or even death, property damage and property loss.
emotio depen	onal health (collectively "health"). I further	re a minimum level of fitness and physical mental and understand that the probability of the Risks occurring health as well as on that awareness, care and skill with gram.
I WAR	RRANT that my Child is physically, mentally	and emotionally fit to participate in the Program.
I UND	ERSTAND, AGREE AND ACKNOWLEDGE	that:
a.		in the Program brings with it the assumption by me that ME FULL RESPONSIBILITY to instruct my Child about n or relative to those Risks.
b.	agree to withdraw my Child from the Pro	rogram at any time up to the mid point of the Program. gram immediately if my Child begins to experience any ig, chest discomfort, leg cramps, nausea or other similar
C.		sible for administering medication to my Child or for emergency basis or any other. If my Child takes at he or she does so.
d.	The City of Yellowknife reserves the right our publications and on our website.	to photograph program participants and publish them in
	are that I have read, understood and agree t	to the contents of the INFORMED CONSENT form in its, 201
Pare	ent/ Guardian	Witness

Community Services Department City of Yellowknife Box 580 Yellowknife, NT X1A 2N4

Fax: (867) 920-5668