

SUMMER DAY CAMP INFORMATION (Ages 5 & 6)

1. Operational hours for the Summer Day Camp Program are 7:45 a.m. to 5:30 p.m.

Children can be dropped off between 7:45 a.m. and 9:00 a.m.
Children are to be picked up between 4:00 p.m. and 5:30 p.m.

Half Days

Mornings – Children(s) can be picked up no later than 12:30 pm at the Multiplex.

Afternoons – Children(s) can be dropped off no earlier than 12:30 pm

Please note that the Day Camp Program ends at 5:30 p.m. sharp. Late pickup charges will be applied according to policy.

2. Location for Drop off and Pickup:

Week 1 - Week 8 Multiplex Gymnasium

3. On rainy days, please send:

- rain jacket/poncho
- rubber boots
- indoor shoes

4. For daily activities, children must bring:

- indoor running shoes
- lunch
- 2 snacks
- drinks (no glass bottles)
- sun screen
- bug repellent
- water bottle

5. Playground 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.

7. 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.***

8. Staff will be checking attendance throughout the day. Please call the Day Camp Program Coordinator, at 445-4990 if your child(ren) will be absent from the program. A written note to the staff is requested for all early departures. If you are dropping off your child late please inform the staff of their arrival.

10. The informed consent form and Day Camp information registration forms must be completed and returned to the Community Services Department before your child's participation in the Day Camp program.

11. Individual refund requests received in at least 48 hours before the commencement of program will result in a full refund. No refunds after the midway point of the program.

12. Please keep your receipt. There is an additional charge of \$30 for any additional copies of receipts

If you have any questions, please do not hesitate to ask our staff or call the Day Camp Program Coordinator at 445-4990

DAY CAMP REGISTRATION INFORMATION

Childs Name: _____ Male: ___ Female: ___

Age: _____ Date of Birth: Year: _____ Month: _____ Day: _____

In Case of Emergency:

Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

MEDICAL INFORMATION

Does your child suffer from any allergies (or any other pertinent health information)?

Are there any health restrictions that we should be aware of that may interfere with your child's participation in recreational sports? NO YES If yes, please explain

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

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 Day Camp Program ends at 5:30 p.m. sharp. Late pickup charges will be applied according to policy.

PLEASE RETURN TO CITY HALL OR TO DAY CAMP STAFF ASAP

City Hall Copy

**The City of Yellowknife Day Camp Program
Informed Consent**

I _____ (name of Parent/ Guardian) am authorized and request to have
_____ (“my Child”) participate in the City of Yellowknife’s
_____ Day Camp Program (the “Program”).

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent RISKS, which Risks include but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require a minimum level of fitness and physical mental and emotional health (collectively “health”). I further understand that the probability of the Risks occurring depends in part on my Child’s level of fitness and health as well as on that awareness, care and skill with which my Child conducts him or herself in the program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

- a. By choosing to have my Child participate in the Program brings with it the assumption by me that and by my Child of the risk and I ASSUME FULL RESPONSIBILITY to instruct my Child about the Risks and the choices available to him or relative to those Risks.
- b. I am free to withdraw my Child from the Program at any time up to the mid point of the Program. I agree to withdraw my Child from the Program immediately if my Child begins to experience any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments.
- c. The City of Yellowknife is not responsible for administering medication to my Child or for providing any medical treatment on an emergency basis or any other. If my Child takes medication it is my responsibility to see that he or she does so.
- d. The City of Yellowknife reserves the right to photograph program participants and publish them in our publications and on our website.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT form in its entirety this _____ day of _____, 201_.

Parent/ Guardian

Witness

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