

JUDO CAMP INFORMATION

1. Operational hours for the Judo 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:

JH Sissons School Gymnasium
3. On rainy days, please send:
 - rubber boots
 - rain jacket/poncho
 - indoor shoes
4. For daily activities, children must bring:
 - Judoko
 - lunch
 - Warm Winter Clothing
 - indoor running shoes
 - 4 snacks
 - water bottle
 - 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.

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. Late pickup charges will be applied according to policy.

PLEASE RETURN TO CITY HALL OR TO JUDO CAMP STAFF ASAP

The City of Yellowknife Judo 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 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.
- e. 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

Community Services Department
City of Yellowknife
Box 580
Yellowknife, NT
X1A 2N4
Fax: (867) 920-5668