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.
JUDO CAMP REGISTRATION INFORMATION

Child’s Name: ___________________________________ Male: _____ Female: _____

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

In Case of Emergency

Contact Name: ___________________________________ Phone: ________________

Cell Phone: ___________________________________

Alternate Contact: ________________________________ Phone: ________________

Cell Phone ___________________________________

MEDICAL INFORMATION

Please list all conditions, needs, behavior, illnesses, disabilities (learning or physical) and medical conditions for you child

Yes  Please specify_____________________________________________________

No

Has your child had any illness, injury or operations of which the staff should be aware of?

Yes  Please specify_____________________________________________________

No

Does your child receive any support or special assistance at school?

Yes  Please specify_____________________________________________________

No

Does your child take any medication?

Yes  Please specify_____________________________________________________

No

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

___________________________________________________________________________

Are there any special instructions for your child?

___________________________________________________________________________

(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 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