

# BISHOP REDING CSS SUMMER SPORTS CAMP 2024

CAMPER'S NAME:	GENDER:	D.O.B. (MM/DD/YYYY) and AGE:
MAILING ADDRESS:		
PHYSICAL LIMITATIONS/MEDICAL CONDITIONS/ALLERGIES:		HEALTH CARD # (optional):
FRIENDS/SPECIAL REQUESTS:		HOW DID YOU HEAR ABOUT US?

## PLEASE CHECK OR HIGHLIGHT ANY/ALL CAMP SESSIONS YOU WISH TO ATTEND

<b>Camp Location:</b>  <b>*Bishop Reding C.S.S.*</b>	<b>Weeks will run from 9:00 A.M.-3:00 P.M</b>  <input type="checkbox"/> July 8 - July 12 <input type="checkbox"/> July 15 – July 19	<b><u>T-SHIRT SIZE</u></b>  PLEASE CIRCLE YOUR PREFERENCE  YOUTH: XS   S   M   L   XL ADULT: XS   S   M   L   XL  Please note that only ONE (1) shirt will be provided per child.  An additional shirt can be purchased (at camp) at a discounted price.
<b>CAMP STRUCTURE:</b> <ul style="list-style-type: none"><li>ONE WEEK      \$275 (Includes 1 camp t-shirt, snacks, pizza on Friday)</li><li>TWO WEEKS      \$500 (Includes 1 camp t-shirt, snacks, pizza on Friday)</li></ul> <p>Before care begins at 8:30am. It is an additional \$5 per day per child. After care runs 3:00-4:00 pm. It is an additional \$10 per day per child. Paid upon request at the camp.</p> <p>Please pay using our “<b>cashonline</b>” site at <a href="https://hcdsb.schoolcashonline.com">https://hcdsb.schoolcashonline.com</a></p> <p><b>Email:</b> <a href="mailto:tattit@hcdsb.org">tattit@hcdsb.org</a> and <u>submit your receipt</u> with your registration form!</p>		

## PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

NAME:	EMAIL:
HOME PHONE:	MOBILE:
EMERGENCY CONTACT NAME:	RELATIONSHIP TO CAMPER:
EMERGENCY CONTACT NUMBER:	

All campers must be signed out by an authorized adult prior to their dismissal from camp. You can give your child permission to sign herself/himself out by checking the circle below or to be picked up by another adult:

- **Yes, I grant my child the authority to sign herself/himself out or be picked up by another adult.**

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I, the undersigned, understand that Bishop Reding Catholic Secondary School, Bishop Reding CSS camp staff/volunteers, and the Halton Catholic District School Board does not assume or accept responsibility for any expenses resulting from loss (personal injury, lost or stolen property, property damage, other expenses) or injuries sustained while engaged in any activity whatsoever whether on or off school premises. I also authorize my child's attendance at the Bishop Reding CSS sport camp and certify that he/she is able to participate in the program activities. I declare having read and understood the above WAIVER/INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf, and I grant permission for use of any photos of my child to appear in future camp brochures or other advertising.

Parent/Guardian Name (Print) : \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Check off here if you would like to receive a tax receipt**

## DAY TRIP/SPORTS CAMP INFORMATION FORM CONSENT TO PARTICIPATE

### TRIP INFORMATION:

1. Site to be Visited: Lions Community Sports Park
2. Location: Adjacent to Bishop Reding Catholic Secondary School
3. Date of Trip: July 8 – July 19 Time leaving/Return time: During Camp Hours
4. Purpose of Trip: Play based activities at the park and Splash Pad Play
5. Student Activities: \_\_\_\_\_
6. Method of Transportation: Walking
7. Supervision: Camp Staff instructors and secondary student camp counsellor volunteers
8. Cost of Trip: N/A

### STUDENT ACCIDENT INSURANCE NOTICE

The Halton Catholic District School Board does not provide any accidental death, disability, dismemberment, and medical/dental expenses insurance on behalf of the students participating in the activity. For coverage of injuries, you may wish to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year.

### ELEMENTS OF RISK

The out-of-school educational activity programs, being offered, involve certain elements of risk. Accidents may occur while participating in out-of-school activities, which may cause injury or illness (e.g. students are advised to wear long sleeves, long pants, shoes and socks and an insect repellent on unprotected skin when participating in areas where there is a chance of being bitten by an infected mosquito with West Nile Virus.

These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

### PRIVATE MOTOR VEHICLES TRANSPORTATION AND INSURANCE

The Halton Catholic District School Board recognizes that private motor vehicles may be used for some out-of-classroom trips. All volunteer drivers must complete the Halton C.D.S.B. AUTHORIZATION TO TRANSPORT STUDENTS PARTICIPATING IN SCHOOL ACTIVITIES form. The Halton C.D.S.B. requires all drivers to have a minimum of \$1 000 000 third party liability insurance coverage. The Board provides non-owned Automobile Liability Insurance for claims that exceed the owner's insurance while the vehicle is being operated on Board business. This coverage would respond to claims that exceed \$1 000 000.00

### REQUIRED SIGNATURES FOR PARTICIPATION

#### ACKNOWLEDGEMENT

I/we have read the above and understand that having our child participate in the above activity we are assuming the risks associated with doing so.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### PERMISSION AND BEHAVIOUR AGREEMENT

I/we give permission for my son/daughter/ward to participate in the above activity.

I/We am aware of my/our legal responsibilities set out in the Parental Responsibility Act. Subject to the Parental Responsibility Act, I/WE agree to pay any damages that may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT- MEDICAL INFORMATION

**This form must accompany the teacher during the trip**

**CAMPER NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

### EMERGENCY CONTACT: List order to call 1-2-3

\_\_\_\_\_ Mother's Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

\_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

\_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

### CURRENT MEDICAL INFORMATION:

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: \_\_\_\_\_

First aid procedures in case of incident: \_\_\_\_\_

2. Date of last tetanus immunization (**for overnight trips only**): \_\_\_\_\_

3. If your son/daughter/ward has a medical condition (e.g. asthma, anaphylaxis, type 1 diabetes, type 2 diabetes epilepsy, concussion, other) that will affect full participation on the trip, please specify:

\_\_\_\_\_

First aid procedures in case of incident or contact supervising teacher:

\_\_\_\_\_

\_\_\_\_\_

4. What medication(s) (prescription and non-prescription) should your son/daughter/ward have with them, take during the field trip?

\_\_\_\_\_

\_\_\_\_\_

When should the medication be taken?

\_\_\_\_\_

Who should administer the medication?

\_\_\_\_\_

5. Specify any other physical limitations your son/daughter/ward has that may affect their full participation with activities.

Provide pertinent details or contact supervising teacher:

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE TO PARTICIPATE)

Every reasonable effort will be made by the school/hospital to contact parents/guardians before any medical services are provided. In cases where contact is tried but not made I/we give consent for medical personnel to administer medical and/or surgical services including anaesthesia and drugs.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information please contact the Principal of your child's school