

# YoWoChAs

## Outdoor Education Centre

### Camper Information Form - Residential Camp

Camp Dates: \_\_\_\_\_ Programme Name: \_\_\_\_\_

Note: This information is being collected in accordance with the YWCA Edmonton privacy policies.

#### Camper Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth Date Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

Swimming Ability or Highest Level Achieved \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

Do you have additional health coverage?  Yes  No

If yes - provider's name and plan number \_\_\_\_\_

Have you been to camp before?  Yes  No

If yes, how many times? \_\_\_\_\_ Which ones? \_\_\_\_\_

#### Emergency Contacts

	Parent(s)/Guardian(s)	Alternate Contact
Name	_____	_____
Day Phone	_____	_____
Eve Phone	_____	_____
Cell Phone	_____	_____
Relationship	_____	_____

Camper Resides with:  Mother  Father  Other \_\_\_\_\_

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

## Medical Information

Please note: We recommend that your child visit your doctor prior to arrival at camp to check their physical condition. If medical conditions change between the submission of this form and the start of your child's camp please inform the camp office.

Are there any prescription drugs you would like senior staff to administer?  Yes  No

- **If yes, supply medication in original packaging or bubble packing, state the camper's name, medication name, dosage, time of administration & side effects**
- **Note: Campers may not administer their own drugs.**

Will you be discontinuing any prescription drugs during your visit?  Yes  No  
If yes, which drugs? \_\_\_\_\_

May Senior Staff administer Tylenol or a generic brand acetaminophen, if required:  Yes  No

Do you have any adverse reactions to Tylenol or generic acetaminophen?  Yes  No  
If yes, please describe: \_\_\_\_\_

May Senior Staff administer Advil or a generic brand ibuprofen?  Yes  No

Do you have any adverse reactions to Advil or a generic brand ibuprofen?  Yes  No  
If yes, please describe: \_\_\_\_\_

Please describe any allergies (e.g. drugs, food, environmental, et cetera), dietary requirements, disabilities, medical conditions or special needs. Also describe any special/extra-ordinary care required.

What type of activities does your child like to do? What are their hobbies?

Are there any activities your child should not participate in?

Are there any activities your child would really like to try?

What is the longest period of time you have been away from home? \_\_\_\_\_

Have you ever been homesick? Regularly  Occasionally  Rarely  Never

Have you ever wet the bed? Regularly  Occasionally  Rarely  Never

Have you ever walked in your sleep? Regularly  Occasionally  Rarely  Never

Do you have any advice for us regarding personal habits, behaviour, discipline, family situation, et cetera?

**Consent for Medical Treatment and Release of Information**

We, the undersigned participant, parent or guardian, understand the above information is collected in accordance with privacy legislation. In signing this form, I give permission for the above information to be used for the sole purpose of providing medical care and support for the duration of the camp programme.

I acknowledge that in the event of an emergency, treatment may be provided to myself or my child by a physician selected by the YWCA Edmonton and that I will be financially responsible for any costs associated with such treatment and services, such as ambulance service.

I understand that it is my responsibility, as parent or guardian of my child, to inform the YWCA Edmonton of any medical or health concerns that may affect my child's participation in camp programmes and related events and activities.

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

Participant: \_\_\_\_\_  
 Print Name Signature

Parent/Guardian: \_\_\_\_\_  
 Print Name Signature

**PLEASE TURN OVER – SIGNATURE REQUIRED ON NEXT PAGE!**

## Audio/Visual Recording Consent

I, the undersigned participant, parent or guardian hereby give the YWCA Edmonton the absolute and irrevocable rights to use my or my child's name, quotes, audio, photos and images on the Internet (World Wide Web), in print publications, video and multimedia presentations, and/or for any purpose which may include, but not limited to display, public relations, marketing, or designs.

I understand that my or my child's images and/or name may be used for display or advertisement for the web site and/or literature published. I hereby waive the right to inspect or approve the images prior to any form of usage. I understand that the images may be modified to be used as design elements.

By signing this agreement, or by signing this agreement on behalf of a minor, I am giving the YWCA Edmonton the right to use my or my child's name and own the images and audio and use them for any purposes without further approval from me. I am releasing all rights to any images and/or audio.

This permanent agreement allows the YWCA Edmonton to use any images, audio, quotes and/or my or my child's name for any publishing purposes in the promotion of the YWCA Edmonton. I will not hold the YWCA Edmonton responsible for any use or misuse of my or my child's name, audio, quotes and/or the images. I agree to hold harmless the YWCA Edmonton from any and all actions, claims, and demands arising out of or in connection with the use of all or any part of the photographs (including computer images or reproductions of any kind), including any editorial or comment which may accompany the images in their displayed format and/or my name. I will not hold the YWCA Edmonton liable for any errors, negligence, or gross negligence, in the editing or displaying of said images, audio, quotes and/or in the use of my name.

I certify, by signing below, that I am of legal age, 18 years of age or older or that I am the parent or legal guardian of the identified minor. I have read this agreement and explained it to the minor I am the parent or legal guardian for and fully understand the contents herein.

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

Participant Name: \_\_\_\_\_  
Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

**PLEASE TURN OVER – SIGNATURE REQUIRED ON NEXT PAGE!**

**YWCA Edmonton - YoWoChAs Outdoor Education Centre  
NOTIFICATION & UNDERSTANDING OF RISKS FORM  
For Participants Under The Age Of 18 Years**

**Note: If this form is not complete, your child will not be permitted to participate in camp activities.**

We, the undersigned participant, parent or guardian, are aware that participation in YWCA YoWoChAs Outdoor Education Centre programmes (the "Programme") involves inherent risks, dangers and hazards, including, but not limited to:

- (a) all manner of injury or loss, including potentially serious or life-threatening injury and death, resulting from the use of equipment, materials or facilities related to the Programme and it's events and activities;
- (b) all manner of injury or loss, including potentially serious or life-threatening injury and death, resulting from forces of nature, accident, hazards of participating in outdoor activities and sports including activities and sports taking place on or near water, illness, allergic reactions and all other manner of injury related to the Programme and its events and activities;
- (c) all manner of injury or loss, including potentially serious or life-threatening injury and death, resulting from the actions or negligence of other participants in the Programme and related events and activities; or
- (d) additional risks, injury or loss, including but not restricted to unforeseen additional risks, injury or loss arising out of the Programme and related events and activities.

We, the undersigned participant, parent, or guardian, are aware of these risks, dangers and hazards and the possibility of injury, death, property damage, property loss or other loss or expense resulting to my child or myself.

In consideration of being allowed to use the equipment, materials and facilities of the YWCA Edmonton and being allowed to participate in any way in the Programme and related events and activities at the YWCA Edmonton, we the undersigned participant, parent or guardian, hereby agree as follows:

- (a) TO ABIDE BY or to inform my child that he or she is to abide by the rules and regulations including directions and instructions from YWCA staff and in the event that there is a failure to do so, I agree that my child may be excluded from further participation in the Programme and that I may be contacted to have my child picked up and removed from the Programme;
- (b) That this Agreement will be effective and binding upon myself, my child, our heirs, next of kin, executors, administrators and assigns in the event of myself or my child's death.

We, the undersigned participant, parent or guardian, hereby acknowledge that we have read the foregoing, and, in the case of parent or guardian, have explained its meaning to our son, daughter or ward.

We acknowledge that we understand the content, importance and meaning of the Notification and Understanding of Risks form and hereby do approve and consent to the above and give permission for my child to participate in activities at YWCA Edmonton YoWoChAs Outdoor Education Centre.

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

Participant Name: \_\_\_\_\_  
Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

# YoWoChAs

Outdoor Education Centre

## Summer Camp Special Needs Supplement

Please use this form, in addition to the camper information form, to provide our staff with information about your child and his/her special needs. Both forms should be returned to our office a minimum of five days prior to your child's stay at camp.

All information you provide to us will be used to provide appropriate care for your child and will remain in strict confidence. Please contact our office at 780.892.2660 for more information. Attached additional sheets if required.

Camper's Name: \_\_\_\_\_

Programme Name: \_\_\_\_\_ Session: \_\_\_\_\_

Please describe special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special equipment or aids required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any assistance required with independent living skills (i.e. personal hygiene, eating, dressing, etc...): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe additional or specialized supervision required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe effective behaviour management techniques: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please turn over!**

## Medication Administration Chart

Camper Name: \_\_\_\_\_ Session at Camp: \_\_\_\_\_

If medication is required, please fill out the following chart. Write medication in the appropriate box including specific time and dosage required.

Reason for medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Time</b>	<b>Medication Name</b>	<b>Dosage</b>
Breakfast – 8:30am		
Morning – please specify		
Lunch – 12:30pm		
Afternoon – please specify		
Supper – 5:30pm		
Evening – please specify		
Bedtime – approx. 9:00pm		

Is there additional information that will help us to provide a successful camp experience?