

False Creek Community Centre

1318 Cartwright St, V6H 3R8, Vancouver, BC
 Phone | (604) 257-8195 Fax | (604) 257-8194
www.falsecreekcc.ca



This attachment to the legal waiver obtains approval from the parents/guardians for their child to participate in the weekly listed activities.

2017 Day Camp Activity Consent Form

Child's First and Last Name: _____

Male Female

Parent/Guardian: Please sign your initials for each week that your child is registered in.

False Creek Trekkers Day Camp Scheduled Out-Trips		Parent/Guardian Initial
(PT) - Public Transportation (W) - Walking (C) - Charter Bus (A) - Aquabus		
Week 1	Dr. Sun Yat-Sen Garden (PT), Hinge Park (W)	
Week 2	Stanley Park Water Park (PT), Grouse Mountain (C), Dragon Boating (PT), Kitsilano Pool (W)	
Week 3	H.R. Macmillan Space Centre (W), Hillcrest Pool (PT), Sandcastle Competition at Spanish Banks (PT + C)	
Week 4	Grandview Lanes (PT), Ice Skating at Hillcrest (PT), Museum of Vancouver (W)	
Week 5	Stanley Park Ecology (PT), Vanier Park (W), New Brighton Pool (PT), Hinge Park (W)	
Week 6	Kitsilano Pool (W), Stanley Park Water Park (PT)	
Week 7	Jericho Beach (PT), City-wide Sports Day (PT), Vanier Park (W), David Lam Park (A)	
Week 8	Kitsilano Beach (W), Bloedel Conservatory and Queen Elizabeth Park (PT), Science World (PT)	
Week 9	Van Dusen Botanical Garden (PT), Kerrisdale Play Palace (PT), Hinge Park (W)	
I understand the following alternate activities may occur due to rainy days or other necessary scheduling changes: Vancouver Public Library, Hinge Park, Vanier Park, Kitsilano Beach, Charleson Park, Grandview Lanes Bowling		

Swimming Ability: None ___ Poor ___ Good ___ (Level ___)

Allergies: _____

By signing this form, I agree that my child may attend the out-trips initialed above.

Signature of parent/guardian: _____ Date: _____

False Creek Trekkers 2017
Child Pickup Authorization

Name of Child: _____

The following individuals have my permission to pick up my child from camp/after-care:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Special Remarks or Concerns: _____

Under **NO CIRCUMSTANCES** can my child be released to the following individuals without prior written authorization:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Signed: _____

Parent/Guardian Name (Please Print)

Signature

Date