



READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

**PARENT/GUARDIAN CONSENT,
ACKNOWLEDGEMENT OF RISK,
WAIVER, RELEASE & INDEMNITY**

**Please complete form,
sign and submit
the original copy to
Community Centre staff**

Community Centre:

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre, and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as a "Child" in legal terms.

Activity Name: Date: Time:

Activity Description:
 See attached

Mode of Transportation:

Child's Name: Parent/Legal Guardian Name:

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, with respect to the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF, AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR, ALL RISKS TO THE CHILD IN CONNECTION WITH THEIR PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;
- (2) the nature of the Activity is such that the Community Centre cannot identify all of the risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors in administering or supervising the Activity or that other children participating in the activities will not cause injuries or harm to the Child.
- (3) the nature of the Activity is such that the Child will interact with other people who are considered to be in good health, continuous physical distance between the Child and other people cannot be guaranteed, and, by participating in the Activity, the Child risks being infected by a pathogen, including but not limited to SARS-COV-2, which causes the disease COVID-19.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO THEIR PARTICIPATION IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** which I and/or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I may suffer, incur or experience in connection with the Child's participation in the Activity; and
- 2) I HEREBY RELEASE** the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for, or with respect to, any and all losses, injuries, damage or expenses I may suffer, incur, or experience in connection with the Child's participation in the Activity; and
- 3) I AGREE TO INDEMNIFY** the Community Centre for, and hold it harmless from, any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders against it with respect to any and all losses, injuries, damages or expenses of any kind anyone, including the child, may suffer, incur or experience to the extent they or any of them arise from or are in any way connected to my conduct or the Child's conduct in or participation in the Activity.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name: Child's Date of Birth: (mm/dd/yyyy)

List any medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

Emergency Contacts:

Name: Relation to Child: Phone: Phone:

Name: Relation to Child: Phone: Phone:

PICK-UP PERMISSION :

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while participating in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

I HAVE READ AND I UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN

Signature:
Print Name:
Address:
City: Postal Code:
Home Phone: Work Phone:
Cell Phone: Date:
Email:

PARTICIPANT CHILD/YOUTH

Print Name:
Address:
City: Postal Code:
Home Phone: Cell Phone:
Date:

Reviewed for Completeness by Staff - Initials:



False Creek Community Centre

1318 Cartwright Street, Vancouver, BC, V6H 3R8

Phone 604-257-8195

Fax: 604-257-8194

Email: falsecreekcc@vancouver.ca

Website: falsecreekcc.ca

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

2024 Fun Explorers Day Camp Activity Consent Form

Child's First and Last Name: _____

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

2024 Day Camp Scheduled Out Trips and Activities:

Parent/Guardian Initials Required

(PT) – Public Transportation (W) – Walking (CB) – Chartered Bus (K) – Kayaking

Week 1 (Jul 2-5) – Dragon Boating, Granville Island (W), VPL Downtown (PT), Lord Byng Pool (PT), Kits Beach (W)

Week 2 (Jul 8-12) – Dragon Boating, Fire Hall No. 4 (W), Carousel Theatre (W), Lord Byng Pool (PT), Kits Beach (W)

Week 3 (Jul 15-19) – Dragon Boating, Lord Byng Pool (PT), Stanley Park Water Park (PT), Kits Beach (W), Sunset Arena (PT)

Week 4 (Jul 22-26) – Dragon Boating, BC Sports Hall of Fame (PT), Lord Byng Pool (PT), Kits Beach (W)

Week 5 (Jul 29-Aug 2) – Dragon Boating, Strathcona CC (PT), Lord Byng Pool (PT), Kits Beach (W),
Clip n' Climb Richmond (PT)

Week 6 (Aug 6-9) – Dragon Boating, Grouse Mountain (PT), Lord Byng Pool (PT), Kits Beach (W)

Week 7 (Aug 12-16) – Dragon Boating, Revs Bowling Alley (PT), Lord Byng Pool (PT), Kits Beach (W)

Week 8 (Aug 19-23) – Dragon Boating, Burnaby Village Museum (PT), Lord Byng Pool (PT), Kits Beach (W)

Swimming Ability: Good____ Poor____ None____ Level: _____

My child can return home by themselves : No ____ Yes ____

My child can sign-in by themselves (Must be 8 and older): No ____ Yes ____

Please list all individuals (first and last names) of who are allowed to pick your child(ren) up from camp: _____

Allergies:

I understand that alternate activities may occur due to rainy days or other necessary scheduling changes

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

Signature of Parent/Guardian: _____ Date: _____

Jointly Operated by False Creek Community Association & Vancouver Board of Parks and Recreation



Vancouver Board of Parks and Recreation
Administration of Prescribed and Non-Prescribed Medication Form

I hereby give permission to the staff of _____ to administer:
Program Name/Location

Name of Prescription Prescription Number

to my child _____ according to Physician's orders/instructions.
Participant's Name

Name of Parent/Guardian _____

Signature of Parent or Guardian _____

Date: _____

The Centre retains the right to review the consequences of this request, and may seek to ensure that any deviation from a schedule for the administration of medications shall not cause undue harm to the child.

To be completed by a physician

Medication: _____ Expiry Date: _____

Can medication be safely stored in the program first aid kit? Yes No

Further instructions: _____

Additional comments (reactions, consequences of missed medication, errors, side effects, and contraindications): _____

Physician's Name _____

Physician's Signature _____ Date: _____

**The name of the medication and patient must be on the vial/bottle for prescription medications or on the copy of the Doctor's note attached for non-prescribed medication*

Note:

- Please use one form for each prescription or refill
- File completed form in child's file or camp file
- Ensure that a copy of a Doctor's note is attached for non-prescribed medication



**Vancouver Board of Parks and Recreation
Administration of Prescribed and Non-Prescribed Medication Form**

Prescribed Medication Non-Prescribed Medication Copy of Doctor's Note attached for Non-prescribed Medication

Record of Administration of Medication					
Office Use:					
To be completed each time a medication is administered					
Name of Child: _____					
Name of Medication: _____ Expiry Date: _____					
Physician _____ Physician's Phone #: _____					
Date	Time	Dosage	Method of Administration <small>(Example: oral/injection/topical)</small>	Administered By:	Initial

- Note:
- Please use one form for each prescription or refill
 - File completed form in child's file or camp file
 - Ensure that a copy of a Doctor's note is attached for non-prescribed medication