



# False Creek Trekkers Day Camp July 2026
























Camp Phone Number: 604-313-8091, 604-916-8091

Email: [falsecreek.osc.leaders@gmail.com](mailto:falsecreek.osc.leaders@gmail.com)



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1	June 29 <b>GI Splash Park</b> 	June 30 <b>Maya's Crafts</b> 	1  <b>CLOSED - Canada Day</b>	2 <b>Science World</b> 	3 <b>Kitsilano Beach</b> 
Week 2	6 <b>GI Splash Park</b> 	7 <b>Sportsball</b> 	8 <b>Grouse Mountain</b> 	9 <b>Lord Byng Pool/Kits Splash Pad</b> 	10 <b>Kitsilano Beach</b> 
Week 3	13 <b>GI Splash Park</b> 	14 <b>Young Rembrandts</b> 	15 <b>Lord Byng Pool/Kits Splash Pad</b> 	16 <b>Chinatown Storytelling Centre</b> 	17 <b>Kitsilano Beach</b> 
Week 4	20 <b>GI Splash Park</b> 	21 <b>Bricks4Kidz</b> 	22 <b>Lord Byng Pool/Kits Splash Pad</b> 	23 <b>Pacific Spirit Park</b> 	24 <b>Kitsilano Beach</b> 
Week 5	27 <b>GI Splash Park</b> 	28 <b>Yoga</b> 	29 <b>Lord Byng Pool/Kits Splash Pad</b> 	30 <b>Grandview Lanes</b> 	31 <b>Kitsilano Beach</b> 

# False Creek Trekkers Day Camp August 2026

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 6	3 CLOSED - BC Day	4 Splash Park 	5 Lord Byng Pool/Kits Splash Pad 	6 Museum of Anthropology 	7 Kitsilano Beach 
Week 7	10 GI Splash Park 	11 JitJots 	12 Lord Byng Pool/Kits Splash Pad 	13 Ice Skating 	14 Kitsilano Beach 
Week 8	17 GI Splash Park 	18 Magic Show 	19 Lord Byng Pool/Kits Splash Pad 	20 Space Centre 	21 Kitsilano Beach 
Week 9	24 GI Splash Park 	25 Professor Puffin 	26 Splash Pad 	27 FCCC Paddling (TBC) 	28 Kitsilano Beach 
Week 10	31 GI Splash Park 	Sep 1 Maya's Crafts 	Sep 2 Splash Pad 	Sep 3 End of Summer Party 	Sep 4 CLOSED - ADMIN DAY

# False Creek Community Centre

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

[www.falsecreekcc.ca](http://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.*

## 2026 Day Camp Activity Consent Form

Child's First and Last Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
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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		
Week 1	GI Splash Park (W), Science World (PT), Kitsilano Beach (W)	
Week 2	GI Splash Park (W), Grouse Mountain (C), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W)	
Week 3	GI Splash Park (W), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W), Chinatown Storytelling Centre (PT),	
Week 4	GI Splash Park (W), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W), Pacific Spirit Park (PT)	
Week 5	GI Splash Park (W), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W), Grandview Lanes (PT)	
Week 6	GI Splash Park (W), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W), Museum of Anthropology (PT)	
Week 7	GI Splash Park (W), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W), Ice Skating - Trout Lake Arena (PT)	
Week 8	GI Splash Park (W), LordByng Pool or Kitsilano Splash Pad (PT), Kitsilano Beach (W), Space Centre (W)	
Week 9	GI Splash Park (W), Kitsilano Splash Pad (PT), Kitsilano Beach (W), Paddling (W)	
Week 10	GI Splash Park (W), Kitsilano Splash Pad (PT), Kitsilano Beach (W)	
I understand the following alternate activities may occur due to rainy days or other necessary scheduling changes: Hinge Park, Kitsilano Beach, Charleston Park, Douglas Park, Hillcrest Park		

**Swimming Ability:** None \_\_\_ Poor \_\_\_ Good \_\_\_ (Level \_\_\_)

**Allergies:**

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

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

False Creek Trekkers 2026

# Child Pickup Authorization

Please ensure to add yourself!

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



**READ CAREFULLY**

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

**CHILD ACTIVITIES (refers to under 19 years of age)**

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

Community Centre: False Creek 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: False Creek Little/Summer Trekkers Camp Date: June 29 - Sep 3, 2026 Time: 8:30am-6:00pm

Activity Description: See attached trip waiver. Please fill and sign attached forms. Any program inquiries please email: tabatha.marin@vancouver.ca. Associated risks include but are not limited to slipping, falling, drowning, choking, exposure to a change in weather conditions. Please bring appropriate footwear and clothing. See attached

Mode of Transportation: Walking and Public Transit

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, 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. SARS-COV-2, which causes the disease COVID-19, may exacerbate other health issues and is the cause of an ongoing global pandemic. SARS-COV-2 is highly communicable and dangerous. If the Child becomes infected with SARS-COV2, he, she, or they may transmit it to other people even if he, she, or they is not exhibiting symptoms of illness.

**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:



## Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

**To be completed by Parent/Guardian of:**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

**Complete Immunization:**

- Record of vaccinations attached
- Record of vaccinations unavailable

**Incomplete Immunization:**

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

**If available, please attach a photocopy of your child's vaccination record to this form.**

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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