



False Creek Trekkers Day Camp July 2025



















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

Email: falsecreekosc@vancouver.ca



Please Note:

- Campers are required to pack each day: water bottle, 2 healthy snacks & non-microwavable lunch (both nut-free), weather appropriate clothing & footwear for active play, hat, sunscreen, bathing suit and towel
- All out trips and centre days are subject to change.

July 2024	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1		1 CLOSED - Canada Day	2 Splash Park 	3 Stanley Park 	4 Kitsilano Beach 
Week 2	7 Splash Park 	8 Origami with Aiko 	9 Grouse Mountain 	10 Hillcrest Park 	11 Kitsilano Beach 
Week 3	14 Splash Park 	15 Science Day 	16 Charleston Park 	17 Museum of Anthropology 	18 Kitsilano Beach 
Week 4	21 Splash Park 	22 Magic Show 	23 Hinge Park 	24 Pacific Museum of Earth 	25 Kitsilano Beach 

False Creek Trekkers Day Camp August 2025

August 2024	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 5	<p style="text-align: center;">28 Splash Park</p> 	<p style="text-align: center;">29 Sports Day</p> 	<p style="text-align: center;">30 Douglas Park</p> 	<p style="text-align: center;">31 BC Hall of Fame</p> 	<p style="text-align: center;">1 Kitsilano Beach</p> 
Week 6	<p style="text-align: center;">4 CLOSED - BC Day</p>	<p style="text-align: center;">5 Origami with Aiko</p> 	<p style="text-align: center;">6 Hillcrest Park</p> 	<p style="text-align: center;">7 Grandview Lanes</p> 	<p style="text-align: center;">8 Kitsilano Beach</p> 
Week 7	<p style="text-align: center;">11 Splash Park</p> 	<p style="text-align: center;">12 Magic Show</p> 	<p style="text-align: center;">13 Douglas Park</p> 	<p style="text-align: center;">14 Beaty Biodiversity Museum</p> 	<p style="text-align: center;">15 Kitsilano Beach</p> 
Week 8	<p style="text-align: center;">18 Splash Park</p> 	<p style="text-align: center;">19 Karate Demo</p> 	<p style="text-align: center;">20 Hinge Park</p> 	<p style="text-align: center;">21 Grandview Lanes</p> 	<p style="text-align: center;">22 Kitsilano Beach</p> 
Week 9	<p style="text-align: center;">25 Splash Park</p> 	<p style="text-align: center;">26 Mike's Critters</p> 	<p style="text-align: center;">27 Charleston Park</p> 	<p style="text-align: center;">28 Queen Elizabeth & Bloedel Conservatory</p> 	<p style="text-align: center;">29 Kitsilano Beach</p> 

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.

2025 Day Camp Activity Consent Form

Child's First and Last Name: _____	Male <input type="checkbox"/> Female <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	Splash Park (W), Stanley Park (PT), Kitsilano Beach (W)	
Week 2	Splash Park (W), Grouse Mountain (C), Hillcrest Park (W), Kitsilano Beach (W)	
Week 3	Splash Park (W), Charleston Park (W), Museum of Anthropology (PT), Kitsilano Beach (W)	
Week 4	Splash Park (W), Hinge Park (PT), Pacific Museum of Earth (PT), Kitsilano Beach (W)	
Week 5	Splash Park (W), Douglas Park (PT), BC Hall of Fame (PT), Kitsilano Beach (W)	
Week 6	Splash Park (W), Hillcrest Park (PT), Grandview Lanes (PT), Kitsilano Beach (W)	
Week 7	Splash Park (W), Douglas Park (PT), Beaty Biodiversity Museum (PT), Kitsilano Beach (W)	
Week 8	Splash Park (W), Hinge Park (PT), Grandview Lanes (PT) - TBC, Kitsilano Beach (W)	
Week 9	Splash Park (W), Charleston Park (W), Queen Elizabeth Park (PT) and Bloedel Conservatory (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:

Do you have a custody agreement? Yes ___ No ___ *If you answered yes, please provide a copy

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

Signature of parent/guardian: _____ Date: _____

False Creek Trekkers 2025

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



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:

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, 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	PARTICIPANT CHILD/YOUTH
Signature: <input style="width: 90%;" type="text"/>	Print Name: <input style="width: 90%;" type="text"/>
Print Name: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	City: <input style="width: 30%;" type="text"/> Postal Code: <input style="width: 30%;" type="text"/>
City: <input style="width: 30%;" type="text"/> Postal Code: <input style="width: 30%;" type="text"/>	Home Phone: <input style="width: 30%;" type="text"/> Cell Phone: <input style="width: 30%;" type="text"/>
Home Phone: <input style="width: 30%;" type="text"/> Work Phone: <input style="width: 30%;" type="text"/>	Date: <input style="width: 30%;" type="text"/>
Cell Phone: <input style="width: 30%;" type="text"/> Date: <input style="width: 30%;" type="text"/>	<div style="border: 1px solid black; background-color: #f0e6ff; padding: 5px; display: inline-block;"> Reviewed for Completeness by Staff - Initials: <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> </div>
Email: <input style="width: 90%;" type="text"/>	

CHILD CARE

Please attach
child's photo
to this form.

EMERGENCY CONSENT FORM

CCFL3, Rev 04-2009

CHILD'S NAME: BIRTHDATE:
SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS:

PARENT'S NAME: HOME PHONE:

CELL PHONE: WORK PHONE:

PARENT'S NAME: HOME PHONE:

CELL PHONE: WORK PHONE:

EMERGENCY CONTACT: CELL PHONE: PHONE:

OUT OF TOWN CONTACT: PHONE:

CHILD'S DOCTOR: PHONE:

DATE OF MOST RECENT TETANUS SHOT:

ALLERGIES / MEDICATIONS:

CHILD'S DENTIST: PHONE:

CARE CARD NUMBER

CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN

WITNESS

CCFL3, Rev 04-2009