



arts2gether Day Camp 2018
Consent Form

The purpose of this form is to allow my child to participate in the **Camexicanus arts2gether Day Camp 2020.**

I, _____, as parent/guardian of the below named youth, give my permission for him/her to attend Day Camp and accompany Gregory Sadlier, Hannah Sadlier, Amy Leis and/or authorized staff of the Camexicanus organization.

CAMPER INFORMATION:			
Name:	Birthdate (yyyy/mm/dd):	Age at Camp:	Gender:
Address:	City:	Postal Code:	Phone Number:
PARENT/GUARDIAN INFORMATION:			
Parent/Guardian #1/Primary Contact:			
Name and Relationship to Camper:		Address (if different than camper):	
Email Address:		Cell Phone:	
		Work Phone:	
		Home Phone:	
Parent/Guardian #2/Secondary Contact:			
Name and Relationship to Camper:		Address (if different than camper):	
Email Address:		Cell Phone:	
		Work Phone:	
		Home Phone:	
WHO, IN ADDITION TO PARENT/GUARDIAN, IS AUTHORIZED TO PICK UP YOUR CHILD?			
Name (other than parent):	Phone Number:	Relationship to Camper:	
	Work/Cell Phone:		
Name (other than parent):	Home Phone:	Relationship to Camper:	
	Work/Cell Phone:		

MEDIA RELEASE AGREEMENT:

I understand and permit photographs/video/voice recordings of my child to be taken at camp and used for promotional purposes, including online and on social media.

Yes No

MEDICAL INFORMATION:

Ontario Health Card Number:

Family Doctor:

Phone Number:

Does your child have any allergies or medication needs? (ex. EpiPen, puffer)

Does your child have any food allergies or dietary restrictions?

Is your child on any medication?

Please list any medications your child will need to take at camp:

I _____ (parents name) give permission for Camexicanus staff to give _____ (child's name) the following medication _____ (Medication name) at the following times _____

Has your child had any illnesses, injury or operation of which the staff should be aware of?

Does your child have any illness, learning disability or any medical condition that our staff should be made aware of?

Does your child require any additional support due to special needs?

Suggestions from parents on behavior management or special needs for your child:

COVID-19 GUIDELINES:

The government of Ontario has provided guidelines for day camps to prevent the spread of Covid-19, to ensure that campers, staff and their families stay healthy and safe throughout the pandemic. These guidelines include frequent and thorough sanitization of any shared supplies and high touch areas throughout the day, such as tables, doors, light switches and bathroom facilities, increased hygiene guidelines (frequent hand washing/use of hand sanitizer) and social distancing between campers and staff. The complete document outlining the government guidelines is available on our website, and we encourage you to read through it.

We will be screening campers at the door when they arrive at camp every day. Campers and staff who are unwell are asked to remain at home. If you have any questions regarding the provincial guidelines, or the Camexicanus policies to ensure your child's safety, please feel free to reach out.

Has your child come into close contact with anyone with a respiratory illness, a confirmed or suspected case of Covid-19, or anyone who has travelled outside of Canada within the past 14 days?

Yes No

Is your child or anyone in your home experiencing any of the following symptoms?

fever | new or worse cough | shortness of breath | difficulty breathing | sore throat | headaches | diarrhea | chills | runny nose/nasal congestion without other known cause | nausea/vomiting | pink eye (conjunctivitis) | difficulty swallowing | unexplained fatigue/malaise/body aches | abdominal pain | decrease or loss of sense of smell or taste

Yes No

Has your child travelled outside of Canada within the past 14 days?

Yes No

Will your child require additional support due to special needs to follow provincial hygiene guides (proper handwashing)? If yes, please let us know what assistance they will require.

Yes No

AUTHORIZATION: Please authorize the below items by initialing in the space provided.

In case of emergency or illness affecting my child, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I grant permission to Camexicanus or its representative to authorize all procedures, including transporting my child to a local doctor or hospital for medical treatment, admission to the hospital and necessary treatment herein, as deemed essential for the care and well being of my child. _____

I understand and accept that all camp activities contain certain inherent risks. As parent/guardian of my child, I am aware of the inherent risks of injury, death and property damage involved in camp activities including but not limited to swimming, dancing, outdoor activities, sports, etc, and allow my child to participate in all Camexicanus camp activities. _____

I understand that we are in the midst of the COVID-19 pandemic, and while the Ontario government has given permission for Day Camps to run and Camexicanus is following all government, that there is still inherent risk of coming into contact with COVID-19 at this time. I agree to keep my child home from camp and inform Camexicanus staff if my child or anyone in their home develops symptoms of COVID-19. I confirm that my child(ren) has not left Canada, has no symptoms and has not been in contact with anyone displaying COVID-19 symptoms for the past 14 days. I agree to bring my child home at my expense should he/she become ill. _____

I understand and accept that my child will be screened each day before entering the camp facility. _____

I understand that any behavior unbecoming of Camexicanus, including, but not limited to, tobacco, alcohol or other illegal drug use or any inappropriate behavior, are grounds for the restriction and/or return of the youth from camp. I agree to bring my child home if deemed necessary by the Camexicanus staff members. _____

I agree to release, dis-charge, to indemnify and save harmless Camexicanus and its representatives, staff and volunteers from and against all claims or proceedings in respect of any costs, losses, damage, or injury. By registering in this program, I agree to medical attention and accept inherent risks associated with the program. _____

I have read, understand and initialed the above items.

Signature of Parent/Guardian: _____ Date Signed: _____

General Information

Camp will run from 9-4 Monday to Friday, with extra care being available one hour prior to camp and one hour after camp has finished. The total cost is \$100 for the week, this includes:

- A daily snack
- Equipment needed for the camp courses

I will be in need of before camp care (\$5 per day):

Monday Tuesday Wednesday Thursday Friday Total: _____

I will be in need of after camp care (\$5 per day):

Monday Tuesday Wednesday Thursday Friday Total: _____

To Bring to Camp:

Please limit all personal belongings to just what you will need for participating in camp. All personal items should be labeled.

- Bathing Suit
- Towel
- Sunscreen, Hat and Sunglasses
- Lunch, with any utensils needed
- Reusable water bottle
- Phone/iPad/Camera for film and photography class – let us know if you don't have access to a device, and we will provide one

It is very important that your child have their own personal items such as towels and sun protection, as due to COVID-19, we have a strict no-sharing policy (wow, it feels weird to write that!). Please be aware that we will be outside for large portions of the day, and will be active, so campers should wear running shoes and clothes they can move in.

What kind of Art do you do (ie. Singing, Painting, Dancing, etc.)

1) _____

2) _____

3) _____

What kind of Art would you like to learn (ie. Singing, Painting, Dancing, etc.):

1) _____

2) _____

3) _____