



CAMP PAL-O-MINE MARCH BREAK 2018 WAIVER

Child's Name

Date

1) FIRST AID / EMERGENCY MEDICAL TREATMENT

In case of emergency during any activity supervised by CECC/Camp Pal-O-Mine staff, I/we, the Parent/Legal Guardian(s) of the above named child, hereby authorize the staff to apply **first aid treatment and/or request emergency medical treatment** for the above named child.

Parent/Legal Guardian(s) Initials

2) FIELD TRIPS

I/We hereby consent to have the above named child leave the premises of Camp Pal-O-Mine (Central Eglinton Community Centre, 160 Eglinton Ave. East) from time to time **to participate in excursions to places of interest as part of the planned camp program**. It is understood that supervision will be provided by Central Eglinton Community Centre/Camp Pal-O-Mine staff.

Parent/Legal Guardian(s) Initials

3) SWIMMING & WATER ACTIVITIES

I/We hereby consent to have the above named child participate in all **swimming, wading pool, and water activities** provided by and supervised by CECC/Camp Pal-O-Mine staff. I/We have noted my/our child's swimming ability/level on the Camp Registration Form.

Parent/Legal Guardian(s) Initials

4) RESPONSIBILITY TO REPORT ABSENCES

I/We hereby understand and agree that, as Parent/Legal Guardian(s) of the above named child, it is my/our responsibility to **advise CECC/Camp Pal-O-Mine either by telephone (416-392-0511, ext. 0) or in writing if the above named child will be absent from camp on any day, for any reason.**

Parent/Legal Guardian(s) Initials

5) PHOTOGRAPHS & MEDIA RELEASE

I/We hereby consent to allow CECC/Camp Pal-O-Mine staff to take **photographs** of the above named child while he/she is engaging in program activities. These photographs may be used for identification purposes on outings/trips, on CECC's website, in CECC's archives and/or **may be reproduced in publications such as community newspapers.**

Parent/Legal Guardian(s) Initials

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6) HAND SANITIZER

I/We hereby consent to allow CECC/Camp Pal-O-Mine staff to apply the **parent-provided hand sanitizer** to the above named child.

I/We hereby consent to allow CECC/Camp Pal-O-Mine staff to apply the camp hand sanitizer should the above named child not bring their own.

Parent/Legal Guardian(s) Initials

7) PERMISSION FOR THE CHILD TO LEAVE ON THEIR OWN AT THE END OF THE CAMP DAY

NOT APPLICABLE

Parent/Legal Guardian(s) Initials

OR

I/We hereby consent to have the above named child **leave Camp Pal-O-Mine unaccompanied**, at either a regular time designated by me/us (please indicate: 4:00 p.m. or 5:30 p.m. or _____p.m.), or when written direction is given by myself/ourselves or _____.

I/We hereby authorize CECC/Camp Pal-O-Mine to release my/our child under the above listed circumstances, until further notice, and do hereby release the staff of Camp Pal-O-Mine and the staff of Central Eglinton Community Centre from any and all responsibility after such release.

Parent/Legal Guardian(s) Initials

8) PERMISSION TO SHARE INFORMATION

I/We hereby understand and agree that the information contained in the Camp Pal-O-Mine Registration Form and this Waiver will be shared amongst camp and community centre staff **only as absolutely necessary**.

Parent/Legal Guardian(s) Initials

Name of Parent/Legal Guardian
(Please print)

Name of Parent/Legal Guardian
(Please print)

SIGNATURE of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

Date

Date