



CENTRAL EGLINTON COMMUNITY CENTRE, 160 Eglinton Avenue East, Toronto, Ontario M4P 3B5  
Telephone: 416-392-0511 Fax: 416-392-0514 E-mail: [info@centraleglinton.com](mailto:info@centraleglinton.com) Internet: [www.centraleglinton.com](http://www.centraleglinton.com)

## CAMP PAL-O-MINE SUMMER 2024 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(s)/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 & OUTINGS

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 field trips and outings to places of interest as part of the planned camp program**. It is understood that supervision will be provided by CECC/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) 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 trips, on CECC's website, in CECC's archives, and may be reproduced in publications such as community newspapers.

\_\_\_\_\_  
Parent/Legal Guardian(s) Initials

### 5) 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 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

### 6) SUNSCREEN

I/We hereby consent to allow CECC/Camp Pal-O-Mine staff to apply the **parent-provided sunscreen** to the above named child prior to going on outdoor activities. I/We will send sunscreen with my/our child, clearly **labeled with my/our child's name**. I/We understand that sunscreen is **not** supplied by Camp Pal-O-Mine.

\_\_\_\_\_  
Parent/Legal Guardian(s) Initials

*Please turn over to page 2 →*

**7) 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

**8) INSECT REPELLENT DECISION**

I/We understand the risks and benefits associated with the use of insect repellent, and hereby provide CECC/Camp Pal-O-Mine with the following decision:

☐ **YES, the above named child is allowed to use insect repellent at camp or during camp activities.** I/We will send the insect repellent with my/our child, clearly labeled with my/our child's name and application instructions. I/We understand that insect repellent is **not** supplied by Camp Pal-O-Mine.

☐ **NO, the above named child is NOT allowed to use insect repellent at camp.**

\_\_\_\_\_  
Parent/Legal Guardian(s) Initials

**9) 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 the regular time designated by me/us (please indicate: 4:00 p.m. or 6:00 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 CECC/Camp Pal-O-Mine from any and all responsibility after such release.

\_\_\_\_\_  
Parent/Legal Guardian(s) Initials

**10) PERMISSION TO SHARE INFORMATION**

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

\_\_\_\_\_  
Parent/Legal Guardian(s) Initials

\_\_\_\_\_  
**PRINT Name of Parent/Legal Guardian**

\_\_\_\_\_  
**PRINT Name of Parent/Legal Guardian**

\_\_\_\_\_  
**SIGNATURE of Parent/Legal Guardian**

\_\_\_\_\_  
**SIGNATURE of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**