

2018 RECREATION DIVISION



City of
Peterborough

Summer Camp Health & Information Form

The City of Peterborough undertakes to safeguard your child while participating in Recreation Division day camp programs. If you require further information, please contact Recreation Reception at 705-742-7777 ext. 1873.

Completion of this form is mandatory for each individual child and must be provided to the Recreation Division two weeks prior to the start date of the program.

Please Check Your Camp(s): Soccer Camp Junior Tennis Camp Basketball Camp
 Ultimate Sports Camp Football Camp

Dates of Camp: _____
Please specify if registered in more than one week of camp.

Participants Last Name: _____ First Name: _____

Birth Date: (yyyy/mm/dd) _____ Age: _____ Gender: Male Female

Parent/Guardian Name (s): _____

Home Phone #: _____ Cellular Phone #: _____

Are there any special custody arrangements for this participant? YES NO
If yes, please describe:

Pick-Up Authorization:

Please list any alternative caregivers, **other than the parents/guardians listed above**, that will be picking your child up from the program. Please note that the children will **ONLY** be released to individuals whom you have authorized to do so upon this form.

NOTE: We will also be using the individuals listed below as alternative emergency contacts for your child.

Release Permission AND Emergency Contact Information:

1. Name: _____ Relationship to Child: _____ Phone #: _____
2. Name: _____ Relationship to Child: _____ Phone #: _____
3. Name: _____ Relationship to Child: _____ Phone #: _____

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Please list all medical conditions, disabilities, conditions, needs, behaviours and any special instructions for your child:

If medication or treatment of any sort are required for your child (i.e. prescription meds, puffers, epi-pens, etc), or further information is required to assist camp staff, please contact the camp director on the first day of camp.

If your child requires 1:1 supervision, please provide the name of the adult that will be attending the program with your child.

Support Staff Name/Agency: _____

Please carefully read and sign:

My/our signature below **confirms permission** for my/our child to participate in all program activities, including those supervised trips and activities (if trips are a component of your child’s program) not at the Camp location. I, on behalf of my child, understand the nature of these activities and I/we hereby:

- Certify that the information in this document is true and correct, and agree to disclose any and all factors which would prevent or limit the participant from full participation or success within the program;
- Agree to permit camp staff to act on my behalf in case of an emergency;
- Confirm that I/we have read, accept and will abide by the conditions of registration and the policies and procedures of the City of Peterborough Recreation Division;
- Agree that my child’s photo or image may be used for promotional purposes by the Recreation Division, including on social media outlets and;
- Certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf.

Signature: _____ / _____
By typing your name in this section you are agreeing to the terms on this form

Printed Names: _____ / _____

Date Form Completed: _____

Please Note: This form must be returned **two weeks** prior to the start of the camp. Send your completed form by scan/email, fax, mail or drop off to the Recreation Division.

Recreation Division, City of Peterborough
210 Wolfe Street
Peterborough ON K9J 2K9

Phone: 705-742-7777 ext. 1826
Fax: 705-748-8824
Email: recreationdivision@peterborough.ca