



July 2<sup>nd</sup>, 2019 – August 30<sup>th</sup>, 2019

Dear Parent(s)/Guardian(s):

Welcome to the Town of High River's Play Parks and Rec. Day Camps! We offer fun, safe, and affordable summer camps with qualified leaders trained in First Aid, High Five® Principles of Healthy Childhood Development, and physical literacy. Our team focuses on building relationships through play, learning experiences, and creative exploration. We value developing physical literacy and creating a safe space for all members of our community.

### Goals and Philosophies

- We strive to provide a nurturing, supportive, and challenging environment to instill strong, self-confident, and healthy children.
- We aim to provide an environment with a range of activities that foster children's development socially, emotionally, physically, and cognitively.
- We believe each child is unique, with individual abilities and interests.
- We encourage children to learn through active hands on play, exploration, and discovery. Participants will gain experience getting along in groups, sharing, and problem solving with peers, all while developing a positive self-image.
- We believe in working in a partnership, as the parents, guardians, and family are the most important elements in a child's life. Therefore, our programs take the family's culture, beliefs, and values into consideration when appropriate.
- We strive to provide an atmosphere where children and families feel comfortable communicating with staff.

### Mandatory Items to Bring Daily

- |  |   |
|--|---|
| <input type="checkbox"/> Extra t-shirt that can get wet  | <input type="checkbox"/> Swim suit (Monday + Wednesday for 6-12s and Tuesday + Thursday for 3-5s)                           |
| <input type="checkbox"/> Lunch and Two Snacks– including required utensils   | <input type="checkbox"/> Sunscreen (label with your name) – please apply in the morning before your child comes to daycamp  |
| <input type="checkbox"/> Running shoes (foot safety - no slip on/half back shoes, sandals, flip flops, crocks, etc.) | <input type="checkbox"/> Bug spray (label with your name) – please apply in the morning before your child comes to day camp |
| <input type="checkbox"/> Refillable water bottle (labeled) and hat   |   |

- **Please note that sunscreen and bug spray contain active ingredients we are unable to apply with direct contact. However, we will assist your child as best we can to apply these adequately. Children will receive reminders to reapply.**
- **Please label ALL items with your child's name**
- **Please leave all hand held video games, electronics, iPods, or any valuables etc. at home! We are not responsible for lost or stolen items.**

### Parent/Guardian Sign-In and Sign-Out

Children can be signed in and out just past the Front Desk by the small arena of the Bob Snodgrass Recreation Complex. Parents should sign in their child on the first day of camp and subsequent days. Early drop off is included in registration and occurs between 7:30am and 9:00am. The camp will run from 9:00 until 4:00pm. As well, there is after care that is included in registration and requires you to pick up your child by 5:30pm sharp. A child will not be released to anyone other than a parent/guardian or person authorized on the pick-up list included on the registration form. Please notify the Coordinator in advance if this list is to change with written consent by the parent/guardian. **Photo I.D. must be presented at pick-up for the safety of all campers!**

### **Late Parent Policy**

Please pick up your child on time; in the event that a parent will be late, notify the Coordinator or front desk immediately. A late fee of \$1 per minute/per child will be applied after 5:30pm. The payment is due within 5 business days of the incident. If not received within 5 business days, an additional \$10.00 late fee per child will be charged. Please note, staff members are not permitted to drive or walk your child home under any circumstances. An emergency contact or authorized pick up person will be notified in the instance that a parent is late and previous arrangements or notifications were not made with the Coordinator. After 5:45pm, if an authorized parent or guardian has not come the child will be dropped off at the front desk for pick-up there.

### **Refund Policy for Summer Camps.**

If you withdraw from a day camp more than one week before the start date, a \$20 administration fee will be applied to your refund or credit. Refunds and credits are not permitted if the withdrawal occurs within one week of the first day of the camp, except for medical reasons. A doctor's note is required. Refunds are effective from the date of the medical note and must be submitted within a week.

### **Allergies**

At Play Parks and Rec. Daycamp, we make every effort to accommodate children with allergies but cannot guarantee an allergen free environment. **Due to severe allergies please do not send any fish products or nuts in your child's lunch including peanuts and tree nuts i.e. almonds, cashews, hazelnuts, walnuts, pecans, etc.**

### **Safety/Accidents/Behaviour Incidents**

Parents/Guardians will be informed of all accidents/behaviour incidents and may be required to sign a **Minor Incident Form** or **Major Incident Form** confirming they are aware of the incident. A parent/ guardian will be contacted if their child requires medical attention. If a serious accident occurs, your child will be transported by ambulance to the hospital. Please note that parents will be responsible for the cost of the ambulance service. ***It is essential that you keep us informed of current phone numbers so we can contact you in case of an emergency.***

### **Volunteers**

Our program may accept volunteers to help in our programs. Volunteers are always supervised by the staff.

### **Field Trip**

**Please note that all 6-8 and 9-12 year old campers will be swimming on Mondays and Wednesdays.** Please pack a swimsuit and towel these days. We will be travelling by bus with some of our summer camp field trips, which take place every Thursday for our 6-12 aged campers. We require you to fill out and return the waiver forms attached no later than Wednesday at pick up. If we do not have the waiver form filled out and attached by the Wednesday, your child/children will not be able to participate in the field trip.

Campers aged 3-5 will participate in various exciting activities around High River; transportation will be through walking. **Swimming for this group will be Tuesday and Thursday afternoons.** Please pack a swimsuit and towel these days.

Sincerely,

Kennedy MacDonald  
Program Coordinator  
Town of High River  
403-603-3512  
[kmacdonald@highriver.ca](mailto:kmacdonald@highriver.ca)

Keeley McLeod  
Community Programmer  
Town of High River  
403-603-3507  
[kmcleod@highriver.ca](mailto:kmcleod@highriver.ca)

Jocelyn Edwards  
Community Programmer  
Town of High River  
403-603-3494  
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**TOWN OF HIGH RIVER INFORMED CONSENT FORM**

Dear Parent/Guardian of Registrant:

Thank you for choosing to use the facilities, services and/or programs of the Town of High River. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT.

I, \_\_\_\_\_ declared that my child \_\_\_\_\_  
Name of Parent/Guardian Name of Child

intends to use some or all activities, facilities, programs and services offered by the Town of High River and I understand that each person (my child included), have different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, programs and services offered are either educational, recreational, cultural or self-directed in nature. I assume full responsibility before, during and after participation to instruct my child on the choices available to him/her relative to the risks to be undertaken, information and instruction available.

I understand that part of the risk involved in undertaking any activity or program is relative to ones own state of fitness and health (physical, mental or emotional) and the awareness, care and skill with which my child conducts themselves in the activity or program. I acknowledge that my child’s choice to participate in any activity, service and program of the Town of High River brings with it the assumption by me of risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce or modify involvement in any program activity and I realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered by the Town of High River are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any medical or physical condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed to any inherent risks.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT in its entirety.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

Play Parks and Rec. July 2<sup>nd</sup>, 2019 – August 30<sup>th</sup>, 2019  
(Program Name)

\_\_\_\_\_  
(Date)

## MEDICAL AND EMERGENCY INFORMATION

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone Number:(403)\_\_\_\_\_

Work Phone Number: (403)\_\_\_\_\_

Cellular Phone Number: (403)\_\_\_\_\_

Do you want to receive our weekly Play Parks and Rec. Email: YES NO

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone Number:(403)\_\_\_\_\_

Work Phone Number: (403)\_\_\_\_\_

Cellular Phone Number:(403)\_\_\_\_\_

### EMERGENCY CONTACT NAMES & PHONE NUMBERS: (Other than parent/Guardian)

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**LIST ALL MEDICAL CONDITION: Please include allergies (food or environmental), medications, restrictions, etc.  
What should the instructor should be aware of. (Please be specific.)**

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Is there anything you would like us to know about your child (ex. shyness)?

Parent/Guardian Signature: \_\_\_\_\_

**TOWN OF HIGH RIVER – PLAY PARKS AND REC. DAYCAMP  
SPECIFIC AUTHORIZATION AND RELEASE OF LIABILITY – FIELD TRIPS**

I/we, the undersigned, being the parent(s)/guardian(s) of \_\_\_\_\_ in the province of Alberta, do hereby grant permission for the said child to travel on assigned field trips taking place from July 2<sup>nd</sup>, 2019 until August 30<sup>th</sup>, 2019. Transportation will be by bus, if leaving the Town of High River. (Southland Transportation). The bus will leave at approximately 9am from the Recreation Complex and return at approximately 3pm to the Recreation Complex. Please note that pick up will be in the Small Arena, not from the bus as it is safer for the children to stay with their leader until back inside the small arena for head counts and attendance, then you are free to sign your child out at that time.

It is agreed and understood that the undersigned who consents to having their child or children enrolled in the above-noted field trip shall not hold liable the Town of High River Recreation Department or any of its employees for any damages resulting from loss of or damage to personal property, personal injury or death of a child unless such damages are due to the negligence of the above-mentioned persons.

While every effort will be made during this trip to provide for the safety and well being of the participants, occasionally medical emergencies arise. In the event of a medical emergency I hereby authorize the medical practitioner to provide the necessary help upon the authority of the trip supervisor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



309B Macleod Trail SW  
High River, Alberta Canada T1V 1Z5  
P 403.652.2110 F 403.652.2396  
www.highriver.ca

## Photo/Video Consent Waiver Indemnity and Release Form

I hereby authorize and give full permission to the Town of High River for the reproduction, use, display, publication or distribution, which may include the internet, without restrictions or limitations of the images taken, either in whole or in part, of me/my ward. I agree to no payment now or in the future. I hereby waive any right that I may have to inspect and/or approve the finished work or the advertising copy that may be used in connection therewith or the use to which such finished work may be applied. I hereby release the Town of High River, their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damages of any kind suffered in any manner whatsoever.

Event: Play Parks and Rec. Summer Daycamps

Name: \_\_\_\_\_ (please print)

Name of Guardian (if under 18): \_\_\_\_\_ (please print)

Address: \_\_\_\_\_

Signature/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release Form: Child Pick-Up and Drop-Off

Name of Child: \_\_\_\_\_

Describe how your child will be dropped off daily (picked up by parent or authorized person, car-pooling, walking, etc.)

\_\_\_\_\_

Describe how your child will be picked up daily (picked up by parent or authorized person, car-pooling, walking home, etc.)

\_\_\_\_\_

Please inform the Coordinator in writing of any changes. List persons authorized to pick your child up other than you. **(Your child will not be allowed to leave with any person not listed on this form).**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_