



# CAMPER INFORMATION FORM

City of Hamilton, Recreation Division

[www.hamilton.ca/recreation](http://www.hamilton.ca/recreation)

Camper information forms **MUST** be received at [recreation@hamilton.ca](mailto:recreation@hamilton.ca) the week prior to attending camp.

**Camp Blocks** (Please check which blocks you are registering to attend.) \* Week 1 and 6 run Tuesday-Friday, due to stat holiday.

Week 1 July 4-7*	Week 2 July 10-14	Week 3 July 17-21	Week 4 July 24-28
Week 5 Jul 31-Aug 4	Week 6 August 8-11*	Week 7 August 14-18	Week 8 August 21-25

**Camper Information**

First Name	Last Name
Home Phone	Birthdate (mm/dd/yy)
Address	Unit #
City	Postal Code
Main Contact Name	Relationship
Daytime Phone #	Cell #
Email	

**Emergency Contacts** (Every attempt will be made to contact the main contact at the numbers above. Should those attempts be unsuccessful, please list two alternative contacts.)

Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #

**Transportation To and From Camp** (Please provide the full name and information, other than emergency contacts, for each person authorized to pick up the camper from camp. Each authorized adult will be required to show photo identification daily and be listed on this form.)

Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #

My child has permission to walk to and from camp unescorted by a parent/guardian  yes  no and can leave camp each day at this time: \_\_\_\_\_ pm

**Medical Information**

Allergies  yes  no      Details:      Epi-pen required?  yes  no (if yes, additional form required)

Medical (i.e. vision, hearing, seizures, diabetes, mobility)?  yes  no      Details:

Asthma  yes  no      Inhaler?  yes  no      Asthmatic triggers:

Developmental/Learning (i.e. ADD/ADHD/Autism/Delays)  yes  no      Details:

Dietary/exercise restrictions?  yes  no      Details:

Will medication be needed during the camp day?  yes  no (if yes, complete Medication Authorization Form)

Doctor's Name:      Phone number:

<b>Siblings Attending Camp</b> (Please list siblings attending Camp Kidaca in the same age group.)
Camper Name
Camper Name
Camper Name
<b>Swimmer Level</b> Please indicate the participants' last achieved swim level (check one):
Non-Swimmer
Swimmer 1, 2, 3 (YMCA Otter, Seal or Dolphin)
Swimmer 4,5,6 (YMCA Swimmer or Star 1)
My child will not participate in swimming during camp
<b>Sunscreen</b> (If permission is not provided, your child will remain in a shaded area or indoors)
In the event that your child has forgotten their sunscreen, do you permit the use of camp-provided sunscreen? Yes / No
Do you provide consent for camp staff to assist with the application of sunscreen on your child, if necessary? Yes / No

**MANDATORY RELEASE/WAIVER OF LIABILITY:** In consideration of the **Camper** attending **Camp Kidaca**, on behalf of myself and the **Camper** for whom I am in law responsible, our respective heirs, personal representatives and assigns, I do hereby release, indemnify and hold harmless, waive, and forever discharge the **City of Hamilton**, its elected officials, directors, officers, employees, volunteers, representatives, agents and insurers for and from any and all liability and claims, including those related to personal injury (including death), accidents, illnesses or property damage or loss, resulting to me or to any **Camper** for whom I am in law responsible, arising from or connected with the registration in, participation in, or observation of any activity contemplated by this Registration.

**MANDATORY MEDICAL AUTHORIZATION:** In consideration of the **Camper** attending **Camp Kidaca**, on behalf of myself and the **Camper** for whom I am in law responsible, I authorize the **City of Hamilton** to arrange for any emergency medical care, including hospitalization/transportation it deems necessary in the event of an injury and I hereby consent to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. I understand that I am responsible for, and agree to pay for, any resulting medical expenses.

**OPTIONAL PHOTO RELEASE:** In consideration of the **Camper** attending **Camp Kidaca**, on behalf of myself and the **Camper** for whom I am in law responsible, I hereby authorize representatives of the **City of Hamilton** to take or obtain photographs and/or film/video footage of, and to obtain quotations from the Camper. I acknowledge that these photographs, film/video footage and recorded quotations shall be the exclusive property of the **City of Hamilton** and may be used for publications and broadcasts which may include, but are not limited to, newspapers, radio, television, staff newsletters, websites, social media, news releases, pamphlets, brochures, flyers and promotional publications. I further agree that neither myself nor the **Camper** shall be entitled to any compensation as a result of such use by the **City of Hamilton**.

- Yes, I authorize the City of Hamilton to take or obtain photographs and/or film/video footage
- No, I do not authorize the City of Hamilton to take or obtain photographs and/or film/video footage

**By signing this form, I acknowledge having read, understood and voluntarily agree to the Release/Waiver of Liability, Medical Authorization and Photo Release (if applicable).**

Camper's Name:

Camper's Signature (if 18 or over):

Parent/Guardian's Name:

Signature: \_\_\_\_\_

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



# Overview of Behaviour Management Procedure

## City of Hamilton, Recreation Division

All children and youth attending recreation programs are expected to behave in a manner which ensures their own safety and the safety of other participants, staff and volunteers in the program.

Staff will be responsible to communicate behavioural expectations, encourage appropriate behaviours and to use group management techniques to create an environment which prevents behaviours from happening. Parents will be notified of any behaviour that affects their camper or others from full participation.

### ***Dangerous Behaviours Which Require Intervention***

Dangerous behaviours include those which endanger the health and safety of the participant, other participants, members of the public, or staff, including but not limited to, aggression towards others, destruction of property, fleeing or hiding, or refusing to follow the direction of staff.

Parents, caregivers, and program supervisors will be made aware of these behaviours immediately, and could result in the removal from the public and only return when accommodations or planning is complete to ensure a safe return.

The City of Hamilton, Recreation Division, does not utilize physical restraint as a method of behaviour management.

### ***Acknowledgement***

I, \_\_\_\_\_ certify by way of signature that I understand the outlined behaviour management process, and will comply with expectations set for parents/guardians

Camper Name: \_\_\_\_\_ Camp Location: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_