



# CAMPER INFORMATION FORM 2021

City of Hamilton, Recreation Division

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

Camper Information forms **MUST** be received at each camp location camper is attending prior to the first day.

**Camp Blocks** (New for 2021, Camp Kidaca will run Monday-Friday\* in two-week blocks. Please check which blocks you are registering to attend.)

\*Block Three, Week One runs Tuesday-Friday, due to the Civic Holiday

Block One (July 5-9 / 12-16)	Block Two (July 19-23 / 26-30)
Block Three (August 3-6 / 9-13)	Block Four (August 16-20 / 23-27)

### 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 <input type="checkbox"/> yes <input type="checkbox"/> no	Details:	Epi-pen required? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, additional form required)
Medical (i.e. vision, hearing, seizures, diabetes, mobility)? <input type="checkbox"/> yes <input type="checkbox"/> no	Details:	
Asthma <input type="checkbox"/> yes <input type="checkbox"/> no	Inhaler? <input type="checkbox"/> yes <input type="checkbox"/> no	Asthmatic triggers:
Developmental/Learning (i.e. ADD/ADHD/Autism/Delays) <input type="checkbox"/> yes <input type="checkbox"/> no	Details:	
Dietary/exercise restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no	Details:	
Will medication be needed during the camp day? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, complete Medication Authorization Form)		
Doctor's Name:	Phone number:	

<b>Siblings Attending Camp</b> (Siblings registered in Junior Camp will be placed in the same cohort. If no siblings are attending or are registered into Preschool Camp, please leave this section blank.)
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 swim lessons 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

### COVID-19 Guidelines

I understand that my child will have to follow health screening requirements and masking guidelines as recommended by the Province of Ontario and the City of Hamilton Public Health Services.

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

### General Liability Release

I, on behalf of myself and the Registrants, our respective heirs, personal representatives and assigns, do hereby release, indemnify and save harmless, waive, and forever discharge the City of Hamilton, its directors, officers, employees, volunteers, insurers and agents from any and all liability and claims including those related to personal injury (including death), accidents, illnesses or property loss arising from, but not limited to, registration in, participation in, or the observation of, programs, activities and classes offered by the City of Hamilton including the use of facilities, premises, or equipment. I further authorize the City of Hamilton to obtain any medical care it deems necessary in the event of an injury and I agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and voluntarily agreeing to this waiver, release and indemnity.

Photos are taken throughout the camp week and are often used (without names) for promotional purposes. If you **do not** wish to have your child's picture used for future promotions, please check this box  (do not use pictures of my child for promotions)

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

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

All information, including Personal Information, collected by the City of Hamilton is done so under the authority of Ontario's *Municipal Act, 2001*, and *Municipal Freedom of Information and Protection of Privacy Act*, each as amended and will be used for program registration, administration and delivery. Questions about this collection should be directed to: Sr. Manager of District Operations, City of Hamilton, Recreation Division, P.O. Box 2040, Hamilton, ON L8P 4Y5, 905-546-3747



# Overview of Behaviour Management Procedure

City of Hamilton, Recreation Division

Hamilton

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.

### ***Serious Behaviours Which Require Intervention***

Serious behaviours are those which interfere with the quality of the program being delivered or harm one's safety. These behaviours require documentation and for the staff to take immediate action to ensure safety.

Parents, caregivers, and program supervisors will be made aware of these behaviours immediately, with additional staff support to reduce program ratios and ensure participant safety.

Serious Behaviours warrant expedited response, and could result in removal from the program before completing all of the above steps. Examples of serious behaviours include:

- Aggression or violence towards others
- Lewd or sexual behaviour
- Destruction of city property or others' personal belongings
- Reoccurring offensive or rude language
- On-going disruptive behaviour where behaviour management techniques and strategies have not worked

The City of Hamilton, Recreation Division does not utilize physical restraint as a method of behaviour management. Parents/caregivers will be notified if participant is not meeting behavioural expectations or following verbal rules or instructions. Participants endangering their safety or another person's safety may be asked to leave the program, not participate in the planned trip, and/or only return when accommodations can be made to ensure the safety of all.

### ***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: \_\_\_\_\_