

## **Wilmot Recreation Complex Summer Camp Information Form**

Thank you for choosing Day Camps at the Wilmot Recreation Complex! We are excited to have your child(ren) with us! Please use this package as a guide as we have provided detailed information in a quick reference fashion to help you understand how the camp will operate.

### **Cancellations and Refunds:**

**Refund Policy:** If fewer than 9 children are enrolled in a camp session, a full refund will be given. If a refund is requested a 20% Refund Administration Fee will be applied (up to \$35.00). *Refunds are not permitted within 5 days of the day camp starting* unless there is an extenuating circumstance which will be decided upon by the Supervisor of Recreation Programming. Cancellations of the camp will happen two **weeks** prior to the starting date if registration minimums cannot be met. In the event of insufficient numbers, you will be notified first by phone and then by email by a Customer Service Representative, who will provide the option to enroll in another week, receive a credit on your account or be issued a full refund via cheque.

### **Things to bring:**

Lunch, Water bottle, running shoes, shorts, a sweater in case it is cool in the morning, sunscreen, hat, and Bathing suit & Towel for Swimming/Splash Pad. Please ensure that all items are in a backpack or sports bag labeled with the child's name.

**Please only bring what is required for camp.**

**Peanut and Nut Free environment:** We have a few staff and participants alike that have nut allergies. We ask that you **DO NOT** send peanut butter or nuts as part of your child's snacks or lunch.

### **Pick up and Drop Off:**

Campers must be signed in and out each day Please refer to the Consent Form for defining other options. Sign In and Sign Out occurs between **8:50am-9:00am** and promptly at **4:00pm**. Extended hours are available for an additional fee. Extended hours are 8:15am-9:00am and 4:00pm-5:00pm. A late pick-up fee of \$5.00 for every 15minutes or less after the program end time will be charged. Drop Off and Pick up will occur at the back door #13, from the back splashpad parking lot.

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## Rules of Camp

1. Hands and Feet must be kept to yourself at all times
2. Speak to others how you want to be spoken to
3. Touch only what belongs to you
4. Stay in the activity area at all times, leaders must be notified if you are leaving and are to accompany you
5. Listen to your leaders

## **Zero Tolerance Policy:**

There will be no hitting, kicking, shoving, spitting, stealing, or damage of another person or their property while at camp. If this occurs, parents will be contacted immediately, and the child will not be welcomed back at camp after their first incident at the parents expense. No refunds will be issued.

## **Medical Information Disclosure:**

Any medical or special need information that is disclosed verbally by the parent or guardian will be added to the family account in our system.

To the extent that the foregoing information constitutes personal information under the Municipal Freedom of Information and Protection of Privacy Act, 1989, the information is collected under the authority delegated to the Township of Wilmot by virtue of the Revised Statutes of Ontario and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to The Clerk's Department, The Corporation of the Township of Wilmot, 60 Snyder's Road, Baden, Ontario, N3A 1A1. 519-634-8444.

Documentation is required **PRIOR TO THE FIRST DAY OF CAMP** to ensure that all accommodations can be met. ***Please note: Children who are dropped off without proper documentation on file will not be allowed to be signed in until paperwork is completed.***

MAIL <b>Attention: Lacey Smith</b> <b>Township of Wilmot</b> <b>60 Snyder's Road West</b> <b>Baden, ON</b> <b>N3A 1A1</b>	EMAIL <b>Attention: Lacey Smith</b> <a href="mailto:lacey.smith@wilmot.ca">lacey.smith@wilmot.ca</a>	FAX <b>Attention: Lacey Smith</b> 519-634-9329
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For any questions prior to the first day of camp please direct them to Lacey Smith, The Supervisor of Recreation Programming at 519-634-9225 ext. 9361, or via email at [lacey.smith@wilmot.ca](mailto:lacey.smith@wilmot.ca).

## Wilmot Recreation Complex Summer Camp Information Form

Form 1 of 5

Please note that **ALL 5 PAGES** must be signed AND returned as a complete package. If all 5 pages are not returned we will require you to complete them all prior to leaving your child at camp.

### Participant Consent Form

BE SURE TO INCLUDE CHILD'S FULL NAME IN FIRST COLUMN TO AVOID CONFUSION

Please list Child(ren)'s Name(s) (list all children registered) *Please list all camps that your child(ren) will be attending	HEIGHT (inches)	WEIGHT (pounds)	HAIR COLOUR	EYE COLOUR
(1) Name: _____ Camp Name(s): _____ _____				
(2) Name: _____ Camp Name(s): _____ _____				
(3) Name: _____ Camp Name(s): _____ _____				

### Child(ren)'s Information:

(1) Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Doctor's Name & Phone Number: \_\_\_\_\_

Health and/or learning concerns: \_\_\_\_\_  
\_\_\_\_\_

(2) Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Doctor's Name & Phone Number: \_\_\_\_\_

Health and/or learning concerns: \_\_\_\_\_  
\_\_\_\_\_

## Wilmot Recreation Complex Summer Camp Information Form

Form 2 of 5

(3) Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Doctor's Name & Phone Number: \_\_\_\_\_

Health and/or learning concerns: \_\_\_\_\_  
\_\_\_\_\_

### Master Contact /Parent's Information:

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Alternate Contact/ Cell Numbers: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

PARENT EMAIL ADDRESS: day \_\_\_\_\_ evening \_\_\_\_\_

### Emergency Contact Information:

1. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Camper(s): \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Camper(s): \_\_\_\_\_

### MEDICAL INFORMATION – Specify name of child if multiple children on form.

Special Medical Information (eg. Hearing disorder, diabetes, vision impairment, epilepsy, learning disorders):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (list severity & intervention required):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*\*If medication is to be administered during program time, you will need to fill out a Medical Administration Form. These forms may be obtained from the leaders at your program site.***

## Form 3 of 5

**Please complete this section if your child has special needs/disabilities.**

**PARENTAL/GUARDIAN CONSENT FORM FOR PARTICIPANT**

For: \_\_\_\_\_

Name(s) of Child(ren)

**A. EXCURSIONS OFF THE PROPERTY**

The child(ren) listed on the form may occasionally leave the program premises with the staff for special outings within walking distance (eg. Picnics and Trails). Program staff members are not permitted to drive participants at any time during the program, for any reason. A notice will always be posted at the Wilmot Recreation Complex to indicate the whereabouts of your child as well as the expected time of return.

**Master Contacts Initials:** \_\_\_\_\_

**B. PROGRAM ARRIVAL AND DEPARTURE**

How will your child(ren) come and go from the program? (please include Master Contact as one of the three). My child(ren) will be dropped off or picked up by one of the following (*photo ID may be requested by staff*)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**\*\*If somebody other than those individual(s) listed above is to pick up your child from the site, written consent will be required *prior* to releasing the child(ren).**

**Master Contacts Initials:** \_\_\_\_\_

**C. EMERGENCY MEDICAL TREATMENT**

In the event of an accident or illness involving my child while attending the program I hereby authorize, if I am not immediately available, the administration of any medical procedure deemed necessary by the child's physician, or any other physician selected by program staff (including lifeguards). I also give my permission for my child to be transported to the physician's office of the Hospital Emergency Department with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required; billing for the ambulance will be forwarded to the master contact specified on the registration form.

☐ YES ☐ NO

**Master Contacts Initials:** \_\_\_\_\_

**D. AUTHORIZATION FOR PUBLICITY**

The above mentioned participant(s) may appear in advertising/publicity arranged for by the Township of Wilmot, through various media outlets including but not limited to the television, radio, slide presentations, newspapers, and other print and electronic publications.

☐ YES ☐ NO

**Master Contacts Initials:** \_\_\_\_\_

## Wilmot Recreation Complex Summer Camp Information Form

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### E. HAND SANITIZER PERMISSION

I hereby grant permission for my child(ren)\_\_\_\_\_ to use hand sanitizer while in the care of the Township of Wilmot day camps.

I do not grant permission for my child(ren)\_\_\_\_\_ to use hand sanitizer while in the care of the Township of Wilmot day camps due to an allergy or sensitivity.

Please list the ingredients your child(ren) is allergic or sensitive to:-

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Master Contacts Initials: \_\_\_\_\_

### F. PARENT/GUARDIAN CONFIRMATION

I have read and understood the specific program details outlined above. ☐ YES ☐ NO

If no, please specify: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_