

Huron Feathers Day Camp

Registration - Consent & Medical Release



All sections of this form must be completed, signed and returned to Huron Feathers in order for your child to participate in the Day Camp

All information collected is CONFIDENTIAL and for the sole purpose of Huron Feathers Presbyterian Centre. It will not be shared with third parties, except as may be required by law or legal or lawful authority. Only persons with legitimate need will have access to any information obtained.

I consent to and give my child permission to participate in the following activity:

Activity: Huron Feathers Day Camp
Location: Huron Feathers Presbyterian Centre & Sauble Beach (at 3rd St. N.)
303 Lakeshore Blvd. N. Sauble Beach, ON
Time: 9:00 am to 12:00 noon each day
Phone: 548-365-2096
Dates: [Click or tap here to enter text.](#)

Child's name: [Click or tap here to enter text.](#) Date of Birth: [Click or tap to enter a date.](#)

Gender [Click or tap here to enter text.](#) Parents/Step-parents/Guardians: [Click or tap here to enter text.](#)

Local Address [Click or tap here to enter text.](#)

Local Phone # (home/cottage) [Click or tap here to enter text.](#) (mobile) [Click or tap here to enter text.](#)

Permanent Address [Click or tap here to enter text.](#) Postal Code [Click or tap here to enter text.](#)

Permanent Phone # [Click or tap here to enter text.](#) School Grade/Sept/25 [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

Alternate Emergency contact name and phone # [Click or tap here to enter text.](#)

PLEASE READ AND SIGN:

1. I confirm and consent to my child participating in various indoor and outdoor activities during Day Camp. Children will be supervised by the staff of Huron Feathers Presbyterian Centre. Approved students from our Skills and Leadership Training (S.A.L.T.) and Leaders In Training (L.I.T) program will assist the staff with supervision. All reasonable precautions for the safety and health of the participants will be taken. Children will be properly supervised in all activities.
2. In the event of accident or sickness, I hereby release Huron Feathers Presbyterian Centre, its board, staff and volunteers from any liability.
3. In the event of injury requiring medical attention, I authorize treatment for my child and understand that reasonable attempts will be made to contact me should such a situation occur.
4. We ask that cell phones be left at home as we cannot be responsible for them during Day Camp and beach time.
5. I confirm that my child is covered by provincial health insurance or equivalent medical coverage.
6. I consent to any photos or videos taken of my child during the course of Day Camp activities being published on future Huron Feathers promotional flyers, Huron Feathers website, Facebook, & Instagram pages.

☐ (Yes) ☐ (No)

Only staff and Board members are allowed to take pictures.

Parent/Step-Parent/Guardian's Signature [Click or tap here to enter text.](#) Date [Click or tap to enter a date.](#)

Print name [Click or tap here to enter text.](#)

Allergies / Medications / Medical Concerns

Does your child have any severe allergies? (e.g. bee stings, food, nuts **, penicillin, other drugs):

YES ☐ NO ☐ If yes, please explain: [Click or tap here to enter text.](#)

Children are required to bring their own snacks & their own water bottle or bottled water

each day for Day Camp. We will not be providing bottled water at the Centre this summer. Our water is tested and is safe for drinking.

Does your child have any life-threatening allergies? ** YES ☐ NO ☐

If yes, please explain: [Click or tap here to enter text.](#)

Does your child have any physical, emotional, mental or behavioral concerns or limitations? YES ☐ NO ☐

If yes, please explain: [Click or tap here to enter text.](#)

Date of last Tetanus shot: [Click or tap to enter a date.](#)

Is your child bringing any medication with him or her? (Epi-pen, antibiotics, Ventolin, Ritalin): YES ☐ NO ☐

If yes, please explain: [Click or tap here to enter text.](#)

****Please give all medication to Camp Director, Noelle Rubba.**

Provincial Health Insurance Number [Click or tap here to enter text.](#)

Name of Family Physician [Click or tap here to enter text.](#)

Physician's Phone Number [Click or tap here to enter text.](#)

PLEASE INFORM CAMP DIRECTOR IF THERE ARE ANY CUSTODY CONCERNS FOR YOUR CHILD.

You may release my child to any of the following individuals OR my child may be transported by any of the following individuals. Please include full name and relationship to child.

1. [Click or tap here to enter text.](#) or

2. [Click or tap here to enter text.](#) or

3. [Click or tap here to enter text.](#)

* Huron Feathers staff have been selected on the basis of their commitment to God, love for kids as well as previous experience working with children and youth. All staff are trained in First Aid and CPR. Our staff includes one Waterfront National Lifesaving Society lifeguard and a Bronze Cross certified staff. S.A.L.T. volunteers are selected from students age 13 and up who desire to contribute to the Huron Feathers community and to grow in their own leadership skills. L.I.T.s are selected from students age 11-13 who want to assist with the Huron Feathers Day Camp and grow as young leaders.

**** Campers having potentially life-threatening conditions such as peanut/nut/other allergies are required to carry at least one set of medication, be familiar with its use and give the medication to the Director, Noelle Rubba.**

We would ask parents who have any concerns to please contact a Board member with your concerns and NOT staff.

By signing below, I confirm that the above medical information is accurate and complete:

Parent/Step-Parent/Guardian's Signature [Click or tap here to enter text.](#)

Date [Click or tap to enter a date.](#)

Print Name [Click or tap here to enter text.](#)