



# 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**

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 3<sup>rd</sup> St. N.)  
303 Lakeshore Blvd. N. Sauble Beach, ON  
Phone: 226-909-0573  
Dates: \_\_\_\_\_  
Time: 9:30 am to 12:30 pm each day

Name of Child (Participant): \_\_\_\_\_ Date of Birth: dd/mm/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex \_\_\_\_\_ Parents/Step-parents/Guardians: \_\_\_\_\_  
Local Address \_\_\_\_\_  
Local Phone # (home / cottage) \_\_\_\_\_ (mobile) \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Permanent Phone # \_\_\_\_\_ School Grade Coming Sept. : \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Alternate Emergency contact name and phone # \_\_\_\_\_

PARENTS MUST READ - AND SIGN (bottom of both pages):

1. I confirm and consent to my child participating in various indoor and outdoor activities during Day Camp. Weather permitting; each day will include an optional recreational swim at Sauble Beach. Participants 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 the participant and understand that reasonable attempts will be made to contact me should such a situation occur.
4. I confirm that the Participant Child is covered by provincial health insurance or equivalent medical coverage.
5. I consent to any photos or videos taken during the course of Day Camp activities to be published on future Huron Feathers promotional flyers, website, Facebook, etc. \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

By signing below, I consent and agree to the above terms and conditions:

\_\_\_\_\_  
Parent/Step-Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Allergies / Medications / Medical Concerns

Does your child have any severe allergies? (e.g. bee stings, food \*\*, penicillin, other drugs): YES \_\_\_\_ NO \_\_\_\_

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Provincial Health Insurance Number \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

NOTE: If you feel that there may be custodial issues over this child, please make the Director or staff aware, so that the child may be released only to the custodial parent.

You may release my child to any of the following individuals:

1. \_\_\_\_\_ or

2. \_\_\_\_\_ or

3. \_\_\_\_\_

My child may be transported by any of the following individuals:

1. \_\_\_\_\_ or

2. \_\_\_\_\_ or

3. \_\_\_\_\_

\* 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.

\*\* Huron Feathers strives to provide a nut-free environment for all participants. However, 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 carry the medication with them at all times in a fanny pack.

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

\_\_\_\_\_  
Parent/Step-Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name