



Come Play on Our River Day Camp
263 Main Street, Doaktown, NB E9C 1A9
TEL: 506-365-7787 / FAX: 506-365-7359
Email: comeplay@nb.aibn.com
Facebook : *Come Play on Our River*

DAY CAMP AGREEMENT, CONSENT & WAIVER FORM

Please read each section of this Agreement carefully. Initial where indicated and include your signature and the date at the bottom of the form.

**ALL SECTIONS MUST BE INITIALED
BEFORE THE FORM WILL BE CONSIDERED COMPLETE.**

PART A: DELIVERY, PICK UP AND ABSENTEEISM

I understand that no child will be released from their care if staff is of the opinion that the child may be at risk.

I will be responsible for the care and transportation of my child to and from the Atlantic Salmon Museum, and I will deliver my child directly to a Camp staff member.

I am aware that my child must be promptly dropped off and picked up by the start and conclusion of each Camp day, and if there will be a delay, it is my responsibility to contact the Museum at 365-7787 to let them know.

If my child will be leaving camp early, I understand that he/she must bring a signed note to give to staff on the morning of the early pick up.

I understand that children arriving and departing alone must be eight (8) years of age or older. It is my responsibility to leave a signed note with staff stating that my child has permission to arrive and leave on their own and including information as to the dates to which this permission pertains.

In the event of my child's absence due to illness or some other unforeseen circumstance, I understand that it is my responsibility to contact the Museum at 365-7787 before the beginning of the camp day to advise staff. This is particularly important on those days when canoe trips have been scheduled since changes in the number of campers who will be participating have a direct impact on the number of canoes and supervisors that will be required for the day's activities. Failure to advise staff of the child's proposed absence may result in an additional fee being charged the parent / guardian.

In the event of absenteeism due to illness or some other unforeseen circumstance, I accept that I am still responsible for full payment of the registration fee.

_____ **Initial**

PART B: HEALTH

I understand that I must sign the *Medications Release* form before staff can administer any medication to my child.

I understand that no child may attend who is judged to be ill or a source of infection.

If my child is judged to be too ill to participate in the day's activities, I understand that I may be contacted to pick up my child and remove him/her from Camp.

I am aware that it is my responsibility to notify staff if my child contracts a communicable disease and that he/she cannot return to the program until they are no longer infectious.

Should a sudden illness or accident occur, I hereby give consent for my child to be taken to the nearest emergency centre in circumstances where I cannot be reached. I consent for my child to receive medical treatment. I consent that, in the event of a severe illness or accident or when a staff person cannot leave the facility, the means of transportation may be by ambulance and that I will subsequently be responsible for the costs of that transportation.

_____ **Initial**

PART C: APPROPRIATE BEHAVIOUR

I understand that my child must not be disrespectful either in behavior or in tone of voice to his/her fellow campers or to program staff. Disrespectful behaviour includes but is not limited to hitting, punching, kicking, biting, spitting, swearing, lying or refusing to obey instructions from staff. I accept that any willful damage of Museum property, stealing or destruction of items belonging to other campers will not be tolerated.

I understand that the first occurrence of any form of disrespectful behavior, vandalism or stealing will result in a private conversation between my child and the Camp's Educational Coordinator, and include a warning.

I understand that a second occurrence will result in a consultation with the Museum Manager, the Camp's Educational Coordinator, and myself as the child's parent/guardian.

If there is a third occurrence, I accept that my child will be immediately expelled from the Camp and that there will be no refund of registration fees.

_____ **Initial**

PART C: EXCURSIONS

I hereby give my permission for my child to participate in excursions off site from the property of the Atlantic Salmon Museum. I understand that these excursions may involve walking or transportation provided by Museum staff or volunteers, all of whom have met the driving and insurance requirements of the program. **Note:** These excursions typically include visits to local trout ponds, shuttling to and from canoe locations, and hiking on local nature trails.

I understand that all excursions will be carefully pre-planned and adequately supervised, and that I will be informed about them in advance.

_____ **Initial**

PART D: ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I acknowledge that I am aware of the details of day camp activities and understand that there is a possibility of personal risk, damage or injury to my child. I agree to assume responsibility for those risks as a condition of registering for this program.

_____ **Initial**

PART E: INDEMNIFICATION AND RELEASE

I hereby attest to the fact that my child has no physical restrictions which would prohibit his/her participation in normal Camp activities. I, the undersigned, being the parent or guardian of said child, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the Atlantic Salmon Museum or any of its agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of Camp activities.

_____ **Initial**

PART F: PHOTO RELEASE

I hereby release the right to use any photo or video materials of my child (without limitation on time or frequency) for promotional, instructional or educational purposes with regard to the programs which operate under the Atlantic Salmon Museum and its associated partners.

_____ **Initial**

PART G: SIGNATURE

By attaching my signature, I acknowledge that I have read and understood this agreement, consent and waiver, and that I agree to abide by the conditions outlined herein while my child is a participant in the *Come Play on Our River* day camp program.

Child's Name: _____ **Age:** _____

**Signature of
Parent / Guardian:** _____ **Date:** _____

Witness: _____ **Date:** _____