



Week #	Payment Date	Amount Paid	Method
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**Name:** \_\_\_\_\_  
Last Name First Name Initials

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City Postal Code

MCP: \_\_\_\_\_

Allergies/Medications/Health Problems: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

(H): \_\_\_\_\_

(H): \_\_\_\_\_

(W): \_\_\_\_\_

(W): \_\_\_\_\_

(C): \_\_\_\_\_

(C): \_\_\_\_\_

Email : \_\_\_\_\_

Email: \_\_\_\_\_

**Waiver**

I \_\_\_\_\_ (parent) and \_\_\_\_\_ (2<sup>nd</sup> parent If applicable), verify that the above information provided above for \_\_\_\_\_ (child) to be accurate to the best of my knowledge. I have included everything that may cause a problem including ALL medications and conditions.

In the event of a non-life threatening emergency and I cannot be contacted, I hereby give permission to medical personal selected by the camp director to order x-rays, routine test, and treatment for my child. Also, in the event that I can not be reached in an emergency, I herby give permission to a physician selected by the program director to hospitalize, order injections and/or anesthesia and/or surgery for my child.

\_\_\_\_\_  
 Parent signature

\_\_\_\_\_  
 Date





# Avalon Sports Camp Pick-up and Drop off form

Please fill out all parts of this form.

It is recommended by the Department of Public Health that there is one consistent designated parent/guardian for regular drop off and pick up of children. Please list that person in the number one space below. If there will be any other parents or guardians picking up children please list them below.

- I will pick up and drop of my child (ren) each day in person

Please provide a list of adults or person who is allowed to pick up your child from camp

Name	Contact number	Relation to child/family
1 _____		
2 _____		
3 _____		

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date

## Drop Off / Pick Up Times

Based on government recommendations this year we will have staggered drop off and pick up times. Please choose a time slot below:

- 8:00 am - 4:00 pm
- 8:30 am - 4:30 pm



# Avalon Sports Camp

## Activity information and permission

Avalon Sports Camp offers many different activities and programs. Your child may be involved in basketball, soccer, rugby, flag football, swimming, nature walks, and outdoor venture etc. Also, Avalon Sports Camp may have day trips to various venues within the city.

As you already know, safety is a major priority while your child is at camp. We have taken every safety precaution to offer these programs to your child but we do realize that accidents happen. As the parent or guardian you have the right to request your child not be involved in a given activity. We would appreciate if the parent(s) of the child would indicate below if they would like their child to refrain from a given activity.

Campers Name \_\_\_\_\_ has permission to participate in ALL activities and events while at Avalon Sports Camp that are suited for your child’s age and ability.

I do not wish to have \_\_\_\_\_ participate in the following activities listed \_\_\_\_\_ but my child may participate in activities appropriate for my Childs age and ability.

Please note a child is **not** permitted to attend the camp if they have travelled outside the province within the past 14 days of the start of the camp, has been in contact with a known case of COVID-19 within the past 14 days or has two or more of the following symptoms: fever (chills, sweats, muscle aches, lightheadedness), cough, headache, sore throat, runny nose, painful swallowing, diarrhea, loss of sense of smell or taste, unexplained loss of appetite or small red or purple spots on hands and/or feet.

**For Office Use only**

Date Received _____	Processed by _____
Form Complete	YES / NO