

## Mossbank Summer Day Camp

Participants Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Does your child: (if yes, please explain fully)

1. Have any medical conditions (e.g. Asthma)?

\_\_\_\_\_  
\_\_\_\_\_

2. Take any medication (include type, dosage, times of self-medication)?

\_\_\_\_\_  
\_\_\_\_\_

3. Have any allergies (include those to food, medication, and environment)?

\_\_\_\_\_  
\_\_\_\_\_

4. Is your child mentally and physically able to participate in the camp activities? (swimming, running, walking, jumping, sports, climbing, games, crafts, etc.)

a. Yes

b. Yes, except for \_\_\_\_\_

5. Have any fears that leaders should be aware of (e.g. water, bees)?

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial  
after  
reading

Some program/camp activities may include offsite activities. Parents/guardians will be informed of all offsite activities prior to outing. We require all parents/guardians to sign this permission form in order to allow any off-site excursions. I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to go on supervised trips with the Town of Mossbank Summer Camp staff.

In the unlikely event that the participant named above or parent/guardian is injured or becomes seriously ill while with Town of Mossbank staff, I authorize staff to seek and authorize any and all medical attention deemed advisable by the circumstances.

I acknowledge that cell phones and personal electronics are not permitted at camp and will be confiscated for the day if brought with the participant and that the staff and the Town of Mossbank is not responsible for any loss or damage to personal property in these events.

While every reasonable precaution is taken with Town of Mossbank, I recognize that there are inherent risks associated with the programs. I hereby agree to release the staff (paid or volunteer) and the Town of Mossbank from all claims, liabilities, obligations and costs which I may have against the Town of Mossbank and its respective agents, servants, staff and representatives, arising out of injury, loss or damage including loss or damage to personal property (such as cell phones or personal electronics), that I or my child may suffer while I or my child participates in this program, whether or not arising out of any negligence on the part of the Town of Mossbank or its respective agents, servants, staff or representatives.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date