



Trico Centre Day Camp Waiver Form

Please complete all sections in full and bring to Trico Centre on the first day of Summer Camps. This form will be used for 2011/2012 Holiday Camps only. A new form must be completed each season. All information will remain confidential. We are collecting all the below information to ensure the highest level safety & security of your child

PARTICIPANT INFORMATION:

Name: _____ M F

Height: _____ Weight: _____ Hair Color: _____

Date of Birth (mm/dd/yy) ____/____/____ Age: _____

Home Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (____) _____

PARENT / GUARDIAN INFORMATION:

Mother / Guardian: _____

Phone # (day): (____) _____ Phone # (other): (____) _____

E-mail: _____

Father / Guardian: _____

Phone # (day): (____) _____ Phone # (other): (____) _____

E-mail: _____

Child resides with: Mother__ Father__ Both__ Other__

Emergency Contact Information (this is other than the Parents or Guardian)

1. Name: _____ Relationship: _____

Phone # (day): (____) _____ Phone # (other): (____) _____

1. Name: _____ Relationship: _____

Phone # (day): (____) _____ Phone # (other): (____) _____



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MEDICAL INFORMATION

Alberta Health Care#: _____

1. Has your child recently been in contact with any communicable diseases?

Yes ___ No ___

If yes, please list: _____

2. Does your child have any special needs or serious fears? Yes ___ No ___

If yes, please list: _____

3. Does your child have any medical conditions, including allergies?

Yes ___ No ___

If yes, please list: _____

4. Does your child require any medication? Yes ___ No ___

If yes, please list: _____

Additional Information about your child: _____

MEDICATION RELEASE

I, _____ (parent/guardian) give permission for the Summer Camp staff at the Trico Centre to aid my child _____ in administering the below listed medication(s) in an emergency situation. No other medication, except that which is listed below, shall be administered without my direct consent, except by trained medical staff.

1. Allergy/Condition: _____

Medication: _____ Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____

2. Allergy/Condition: _____

Medication: _____ Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____



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Please print you and your child's name. Consent for Image Release, Field Trips, or Sign-Out is only implied when the appropriate section has been signed.

Image Release

During Camps, digital media may be taking for media or marketing purpose. If you are willing to have your child participate in film or photo opportunities please sign the image release below.

My son/daughter has permission to participate in media coverage and photographs of camps at Trico Centre. I hereby grant Trico Centre the right and permission to publish moving composite reproduction for the purpose of, without limitation, television, publication, and trade or advertising purposes. Accordingly, I release and discharge the Trico Centre & respective board from any liability by virtue of blurring, distortion, alteration, optical illusion or use of composite from that may occur or be produced in taking of said media or any processing through completion of the finished product.

Signature of Parent or Guardian

Field Trip Permission

On a weekly basis throughout the summer, participants are given the opportunity to go off site and visit different venues in Calgary. Prior to leaving the Trico Centre this form must be returned and completed for your child(ren) to participate in the field trip.

My son/daughter has permission to accompany Trico Centre instructors and volunteers on the weekly fieldtrip as outlined on the provided summer camp schedule.

Signature of Parent or Guardian

Sign-out Permission

At the end of the each day, children must be signed out. You may choose for your child to be signed out by a parent or guardian, or you may choose to have your child sign him/herself out. Please indicate your choice by checking the appropriate line.

___ I permit the following adults to sign my child out of Trico Centre Summer Camps:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

___ I permit my son/daughter to sign him/herself out of Trico Centre Summer Camp

I understand that once my child is signed out of the day camp, they will no longer be under the supervision of Trico Centre staff.

Signature of Parent or Guardian