



# CAMPER INFORMATION FORM - Summer 2024

City of Hamilton, Recreation Division

[www.hamilton.ca/recreation](http://www.hamilton.ca/recreation)

Admin Use Only:  scanned to drive initial: \_\_\_\_

Camper information forms **MUST** be completed and brought on the first day of camp.

<b>Camper Information</b>		
First Name	Last Name	
Home Phone	Birthdate (mm/dd/yy)	
Address	Unit #	
City	Postal Code	
Main Contact Name	Relationship	
Daytime Phone #	Cell #	
Email		
<b>Emergency Contacts</b> (Every attempt will be made to contact the main contact at the numbers above. Should those attempts be unsuccessful, please list two alternative contacts.)		
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
<b>Transportation To and From Camp</b> (Please provide the full name and information, other than emergency contacts, for each person authorized to pick up the camper from camp. Each authorized adult will be required to show photo identification daily and be listed on this form.)		
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
My child has permission to walk to and from camp unescorted by a parent/guardian <input type="checkbox"/> yes and can leave camp each day at this time: _____ pm		
<b>Medical Information</b>		
Allergies <input type="checkbox"/> yes <input type="checkbox"/> no Details:		Epi-pen required? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, additional form required)
Medical (i.e. vision, hearing, seizures, diabetes, mobility)? <input type="checkbox"/> yes <input type="checkbox"/> no		Details:
Asthma <input type="checkbox"/> yes <input type="checkbox"/> no Inhaler? <input type="checkbox"/> yes <input type="checkbox"/> no		Asthmatic triggers:
Developmental/Learning (i.e. ADD/ADHD/Autism/Delays) <input type="checkbox"/> yes <input type="checkbox"/> no		Details:
Dietary/exercise restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no		Details:
Will medication be needed during the camp day? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, complete Medication Authorization Form)		
Doctor's Name:		Phone number:

All information, including Personal Information, collected by the City of Hamilton is done so under the authority of Ontario's *Municipal Act, 2001*, and *Municipal Freedom of Information and Protection of Privacy Act*, each as amended and will be used for program registration, administration and delivery. Questions about this collection should be directed to: Sr. Manager of District Operations, City of Hamilton, Recreation Division, P.O. Box 2040, Hamilton, ON L8P 4Y5, 905-546-3747

<b>Siblings/Friends Attending Camp</b> (Please list siblings attending Camp Kidaca in the same age group) NOTE: cannot be guaranteed
Camper Name
Camper Name
<b>Swimmer Level</b> (Applicable to Junior and Youth campers only) Please indicate the participants' last achieved swim level (check one):
Non-Swimmer <input type="checkbox"/>
Swimmer 1, 2, 3 (YMCA Otter, Seal or Dolphin) <input type="checkbox"/>
Swimmer 4,5,6 (YMCA Swimmer or Star 1) <input type="checkbox"/>
<b>Sunscreen</b> (Sunscreen must be brought to camp daily, if no sunscreen is brought and permission is not provided, your child will remain in a shaded area or indoors)
In the event that your child has forgotten their sunscreen, do you permit the use of camp-provided sunscreen? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Preschool campers only:</b> Do you provide consent for camp staff to assist with the application of sunscreen on your child if necessary? <input type="checkbox"/> yes <input type="checkbox"/> no

**MANDATORY RELEASE/WAIVER OF LIABILITY:** In consideration of the **Camper** attending **Camp Kidaca**, on behalf of myself and the **Camper** for whom I am in law responsible, our respective heirs, personal representatives and assigns, I do hereby release, indemnify and hold harmless, waive, and forever discharge the **City of Hamilton**, its elected officials, directors, officers, employees, volunteers, representatives, agents and insurers for and from any and all liability and claims, including those related to personal injury (including death), accidents, illnesses or property damage or loss, resulting to me or to any **Camper** for whom I am in law responsible, arising from or connected with the registration in, participation in, or observation of any activity contemplated by this Registration.

**MANDATORY MEDICAL AUTHORIZATION:** In consideration of the **Camper** attending **Camp Kidaca**, on behalf of myself and the **Camper** for whom I am in law responsible, I authorize the **City of Hamilton** to arrange for any emergency medical care, including hospitalization/transportation it deems necessary in the event of an injury and I hereby consent to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. I understand that I am responsible for, and agree to pay for, any resulting medical expenses.

**OPTIONAL PHOTO RELEASE:** In consideration of the **Camper** attending **Camp Kidaca**, on behalf of myself and the **Camper** for whom I am in law responsible, I hereby authorize representatives of the **City of Hamilton** to take or obtain photographs and/or film/video footage of, and to obtain quotations from the Camper. I acknowledge that these photographs, film/video footage and recorded quotations shall be the exclusive property of the **City of Hamilton** and may be used for publications and broadcasts which may include, but are not limited to, newspapers, radio, television, staff newsletters, websites, social media, news releases, pamphlets, brochures, flyers and promotional publications. I further agree that neither myself nor the **Camper** shall be entitled to any compensation as a result of such use by the **City of Hamilton**.

- Yes, I authorize the City of Hamilton to take or obtain photographs and/or film/video footage
- No, I do not authorize the City of Hamilton to take or obtain photographs and/or film/video footage

**By signing this form, I acknowledge having read, understood and voluntarily agree to the Release/Waiver of Liability, Medical Authorization and Photo Release (if applicable).**

Camper's Name:

Camper's Signature (if 18 or over):

Parent/Guardian's Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Overview of Behaviour Management Procedure

City of Hamilton, Recreation Division

Hamilton

All children attending recreation programs are expected to behave in a manner which ensures their own safety and the safety of other participants, staff and volunteers in the program.

Staff will be responsible to communicate behavioural expectations, encourage appropriate behaviours and to use group management techniques to create an environment which prevents behaviours from happening. It is our goal is to provide a caring, respectful, and supportive environment for every individual, including children, public and staff.

Parents/caregivers will be notified of any behaviour that affects their child or others from safe participation. Staff will make every effort to work with participants and their family to encourage positive behaviour. Continued unsafe or disruptive behaviour may result in the removal from program or suggestion of an alternative program.

### Response for Dangerous Behaviours

Dangerous behaviours include those which endanger the health and safety of the participant, other participants, members of the public, or staff. These behaviours include but are not limited to:

- Aggression or violence towards self or others
- Fleeing, hiding, or refusing to follow the directions of staff
- Destruction of city property or others' personal belongings
- Lewd or sexual behaviour
- Reoccurring offensive or rude language even after staff have addressed it
- On-going disruptive behavior, where behaviour management techniques and strategies have not worked

Parents, caregivers, and program supervisors will be notified as soon as possible of any dangerous behaviours, and will result in the participant being immediately picked up and withdrawn from program. Program participants may return where appropriate accommodations or supports can be implemented, in collaboration with the family, participant, and program staff.

Note, that not all programs are appropriate for every participant and program staff are unable to utilize physical restraint or intervention as a method of behaviour management. Refunds will be issued for any participant withdrawn from a program by the City of Hamilton.

### **Acknowledgement**

I, certify by way of signature that I understand the outlined behaviour management process, and will comply with expectations set for parents/guardians.

Camper Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_