

Kitsilano Community Centre

2690 Larch St., Vancouver BC, V6K 4K9

• Ph: 604-257-6976 • Fax: 604-257-6996 • www.kitscc.com

Jointly Operated by the Vancouver Park Board and the Kitsilano War Memorial Community Association



Kicks for Kids Summer Day Camp Waiver Form

Kicks for Kids Day Camp offers nine action packed weeks of fun and adventures for children. Every week offers amazing out-trips everyday, as well as awesome crafts, games and lots of active activities! Kicks for Kids is led by a team of qualified leaders, as well as trained volunteers.

****Please send your child each day with a pack containing a healthy bagged lunch, water bottle, bathing suit, towel, comfortable walking shoes, sunscreen and their day camp hat.****

(Please Circle) Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9

Child's Information

Child's Name: _____

Date of Birth (DD/MM/YYYY) ____/____/____ Age: ____

Sex: M / F

Swimming Ability: Swim Kids Level: _____ OR
Please Circle One: Excellent Adequate Poor

Anything else we need to know?

Parent / Guardian Information

Name _____

Name _____

Ph: _____ Work/Cell: _____

Ph: _____ Work/Cell: _____

Address: _____

Address: _____

Emergency Contact Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Ph: _____

Ph: _____

Work/Cell: _____

Work/Cell: _____

Address: _____

Address: _____

Other Authorized Pickup

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Ph: _____

Ph: _____

Please turn page over



Medical Information

Organizers assume no responsibility for health or well-being of participants as a result of the information provided. Participants are advised to carry pertinent health and medical information on their person at all times.

Care Card Number: _____ Doctors Name: _____

Ph: _____

Pertinent Medical Information (conditions, allergies, medications, etc...)

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

The participant and parent or guardian acknowledges that they are aware of the details of the day camp, trip or event and that there exists an element of personal risk of damage or serious injury in the activities and willingly agrees to assume responsibility for those risks as a condition of registering for the program.

INDEMNIFICATION AND RELEASE

I, the undersigned participant, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the City of Vancouver, Board of Parks and Recreation and the Kitsilano War Memorial Community Centre Association or any of their agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of or resulting from this day camp, trip or event.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

We will be taking pictures of day campers throughout the summer for possible use in future promotional materials. Please sign below if you consent to the publication of a photograph of your child in a community centre related brochure and/or on our website.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____