



Participant Information Form

Please complete this form and bring it to the first day of camp.

_____ Date of Birth: ____/____/____
First name Middle name Last name Year Month Day

Parent / Guardian Information:

Name: _____ Home # _____ Work # _____ Cell # _____

Name: _____ Home # _____ Work # _____ Cell # _____

Emergency Contact and Authorized Pick-Up (must be in addition to names listed above): In accordance with Saanich Rec's **Sign In- Sign Out of Day Camps Policy**, your child is not permitted to leave the program with any person, other than yourself, unless authorized by you and named below. There will be no exceptions. Changes to this form to include other persons can be made at your request in writing, but this must be done prior to the planned pick-up. Please note: if staff are not familiar with individuals listed below, photo ID must be shown before staff will release your child into their care. **Children 10 years and older may sign themselves into or out of camp if you fill out the appropriate section below:** Name: _____

Relationship: _____ Phone # _____ Other # _____

***Sign In/Out Permission:** If your child is 10 years of age or older and you wish to grant them permission to sign in and out of camp, please complete the following: I, _____ (print parent/guardian name) give _____ (child's name) permission to sign in and out of volleyball camp during the following dates: _____.

Medical Information: Are there any medical conditions or allergies that may affect your child's ability to participate in this volleyball camp? _____

(OPTIONAL) Covid 19 Vaccinated? Dose: (Please circle) NONE ONE TWO

What previous injuries have you experienced (broken bones/sprains/concussions, etc.)? _____

Does your child carry an Epinephrine injector? Yes No If yes, please complete an anaphylaxis action plan available on RecOnline at <http://bit.ly/FormsPage>

Please list any medications the child is currently taking: _____ **

Note – Saanich staff are not permitted to administer medications to your child

In the event that your child requires medical attention, they will be transported to the nearest emergency centre by ambulance if necessary. Parents will be responsible for any associated costs.

Your signature verifies that you have read and understood the information above.

Name: _____ Signature: _____ Date: _____

(If Applicable): Court Orders for Child Pick Up and Access:

If any Court Order is in place that affects who can pick up or access your child, then a copy of the Order must be provided to the program staff for the protection of your child while in our care. The Order will only be shared with the immediate staff and supervisor. The copy of the Order will be returned to the parent/guardian at the end of the program. Please review and record who does and does not have access to the child per order? What is the access or pick up schedule? Are there any other relevant details?

Staff Name who reviewed the order

Staff Signature Date

Date

(Turn page over →)



The Participant Information Form & Informed Consent Agreement must be filled out and signed by the parent/legal guardian and submitted at the beginning of the volleyball camp.

INFORMED CONSENT AGREEMENT

Participant's Name _____ Age: _____ Grade: _____
Male / Female (*circle*) School: _____ Club Team: _____
HomeAddress _____
City _____ Province _____ Postal Code _____
Phone: Home _____ Work _____ Cell _____

Waiver:

* I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the participant stated above. * I (we) declare that my child, the above named participant, is physically able to participate in camp activities and thereby waive, release and forever discharge Big Dig Volleyball, its employees, officers and regents from any and all liability claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in camp activities or while at volleyball camp * I (we) hereby grant permission for the Big Dig Volleyball Camp "coaches" for emergency first aid to be given to my child in case of injury. I give permission to seek the appropriate medical attention & for the camper to receive medical attention & treatment during the period of the camp.

* I grant permission and consent for the attending physician to provide any medical or surgical treatment, which, in the physician's professional opinion, is deemed and necessary. If medical/surgical care is obtained, we will not hold Big Dig Volleyball, its employees, officers and regents responsible or liable for the judgments of and/or treatment by the physician. I understand that the Big Dig Volleyball cannot assume responsibility for medical, dental or other health expenses incurred as a result of my child's participation at camp.

* As the parent/guardian of the above participant, I authorize participation in all activities of the Big Dig Volleyball Camp (as registered through the Municipality of Saanich). I assume all risks and hazards incidental to such participation both during an activity and in route and do hereby release and waive all claims against Big Dig Volleyball; its staff, and participants in the camp.

Picture Permission:

I give permission for my child's picture to be taken for publicity or program purposes only [eg. program brochure, a picture for the board display or Big Dig Volleyball website].

Camp Brochure & Notification: If you do not want to miss out on future Big Dig Volleyball Spring & Summer Camp opportunities, please include your **email:** _____

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Parent/Guardian's Name: _____ Signature: _____
Date: _____ Signature of Parent/Legal Guardian: _____

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