



# UBC Aquatic Centre Day Camps Consent Form

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

List any medications, medical conditions and/or allergies: \_\_\_\_\_

## MEDICAL INFORMATION (BC Residents)

Family Doctor: \_\_\_\_\_ BC Care Card #: \_\_\_\_\_

Phone: (office): \_\_\_\_\_ (pager/cell) \_\_\_\_\_

## MEDICAL INFORMATION (Out of Province)

Medical #: \_\_\_\_\_ Province: \_\_\_\_\_

Travel Insurance Provider: \_\_\_\_\_

\*\*Note: Proof of provincial or travel insurance must be provided before start of camp\*\*

## SIGN-OUT POLICY

All participants under the age of 14 years must be signed out of camp by an authorized person. You may give your child permission to sign himself/herself if you wish. Please identify all individuals that you grant permission to sign your child out of camp in the spaces provided below. (Name/ Relationship to Participant)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Yes, my child has permission to sign himself/herself out of camp.

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

## PARENT/ LEGAL GUARDIAN CONSENT

I hereby grant \_\_\_\_\_ (child's name) permission to participate in the UBC AC Day Camps. I understand that my child will be participating in athletic activity where there lies an inherent risk of injury, and I assume all risk of injury that may result. I authorize the University of British Columbia to provide or cause to be provided such medical services as the UBC medical personnel deem appropriate.

I waive and release all right of claim for damages of any sort or any other claim or remedy of any sort I or my child may have against The University of British Columbia in connection with my child's participation in the camp.

**PHOTO RELEASE** – UBC AC Day Camps may occasionally take pictures of our camp participants for use in promotional/ advertisement materials or publications (brochures, websites, newspaper ads, etc.). By signing this consent, I agree to allow the UBC Department of Athletics and Recreation to reproduce the likeness of my child in such promotional/ advertisement materials and publications.

Signature of Parent/ Legal Guardian: \_\_\_\_\_

Printed Name of Parent/ Legal Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or mail this form to the UBC Aquatic Centre before the first day of camp.

6121 University Blvd  
Vancouver, BC V6T 1Z1  
Phone: 604-822-4501  
Fax: 604-822-8743

## Health Information Sheet

Please read thoroughly and print clearly

Does your child have any allergies? **Y / N**

If Yes, please list and indicate severity (e.g. mild/strong/severe reaction, cannot be in same room, safe if not ingested etc.) as well as listing signs and symptoms (e.g. rash, bumps, hives, shortness of breath, etc.):

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Does your child have any medical conditions or physical limitations that would limit his/her abilities to participate in any activities? **Y / N**

If Yes, please list:

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Is your child on any medication? **Y / N**

If Yes, please list:

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Do any of these medications need to be taken during camp hours? **Y / N**

If Yes, please list with instructions:

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My child has permission to self-administer medication under the supervision of a Daycamp Leader. Parent/Guardian Signature \_\_\_\_\_

Is there any other medical information we should know about your child?

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Please indicate your child's experience with swimming or the highest level of swimming lessons completed (e.g. my child can float on his/her own; my child can do breaststroke, front crawl, etc; my child has completed Red Cross Preschool Level 4 - Salamander; my child has completed Red Cross Swim Kids Level 5; or no experience/cannot put face in or go under the water):

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