

Village of Bible Hill Inservice Camp 2023



For assistance or accommodations, or if you have any questions, please contact our Parks and Recreation Director Haley at 67 Pictou Road, haley.smith@biblehill.ca or by phone at 902-893-8083.

Inservice Camps will be held at the H. Douglas Boyce Village hall, at 69 Pictou Road on November 10th and November 24th. Drop-off will be between 8:00 and 8:30 AM. Pick-up will be **no later than 4:30 PM**. Please check which date you are registering your child for:

Friday, November 10th

Friday, November 24th

Camper Information

Name:		
Date of Birth:	Age:	Birthday:
Address:		

Guardian Information

Name:	Name:	
Home phone #:		
Cell phone #:		
Work phone #:		
Address: (if different then above)	Address: (if different then above)	
*Email: (Program Registration Confirmation and any updates will be sent via email. Please ensure that you give an email address that is checked regularly)	*Email: (Program Registration Confirmation and any updates will be sent via email. Please ensure that you give an email address that is checked regularly)	
The following person should be contacted if the above cannot be reached in an emergency:		
Name:	Relation to child:	
Home:	Cell:	Work:

Pick-up Authorization:

The following individuals are authorized to pick-up _____ (child's name). I understand that only those authorized will be able to pick up my child.

Name:			
Phone #:			
Relation:			

Medical

Allergies/Health Conditions:

Medication:

Important Information that will assist Program Staff (medical/physical/behavior):

Family Doctor:

Phone:

Health Card Number:

Expiry Date:

Photo permission (to be completed by parent/guardian - please Initial)

Photos may be used for media coverage, promotional material, publication, website, and social media. Photo permission: Please initial in the appropriate blank space.

Yes, I consent to photos: _____ No, I do not consent to photos: _____

Please ensure all the above information is accurate and legible, to ensure safety of the child and clear communication.

Elements of Risk

Children will be participating in certain indoor and outdoor activities such as swimming, games, and field trips which contain some element of risk. While participating in these activities, accidents may occur resulting in injury to your child. By allowing your child to participate in the Village of Bible Hill summer day camps activities, you are assuming the risk for any accident involving your child or any injury sustained by your child.

If you allow your child to participate in summer day camp programming, you must understand that you have assumed responsibility for any accident that may involve your child. The Village of Bible Hill does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of the children participating in these events.

I acknowledge all the above information is true and accurate. I agree and am aware that in case of emergency, a verbal agreement between myself, and a staff member of Village of Bible Hill will be binding.

Emergency Authorization

To the best of my knowledge, my child does not have a communicable disease/infection that could endanger others.

If my child comes in contact with a communicable disease/infection prior to activity start date or during the program time, I am obligated to inform the Village of Bible Hill immediately.

All medical concerns or conditions requiring ongoing medical supervision or care have been fully noted.

I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary.

If the parent(s) or emergency contact(s) cannot be reached in an emergency, permission is hereby given to Village of Bible Hill to permit emergency responders and/or a physician selected by staff to hospitalize, secure proper treatment, order injection, anesthesia, and/or surgery for my child(s) named above.

I, _____ (guardian’s name) give permission to _____ (child’s name) to participate in Inservice Camps, and have ensured the above information is accurate and fully understand the above elements of risk and emergency authorization sections.

Guardian Signature: _____

Witness Signature: _____

Date: _____