



## PARENTAL CONSENT FORM

The Freenet recognizes its obligations to do what is prudent and reasonable to protect the children in its programs from harm and to provide them with a program of good quality, offered by competent instructors.

### **We have undertaken the following steps to meet this obligation:**

1. All of our representatives have been screened, both before and after being hired, by way of reference and observation. Staff are also trained and supervised on a regular basis. If you or your child has any concerns about a member of our staff, please make them known to the Coordinator.
2. The Site and its representatives will seek to minimize any risks as much as possible, and to warn or instruct participants about them. Parents should understand that potential risks may exist (as they do anywhere) and should also instruct their children with respect to these risks. Since food allergies are quite common, we ask that parents provide their children with a snack and lunch for each day of the camp, in order to reduce the risk of potential allergic reactions.

### **Participants and/or their parents or guardians are expected to adhere to the following guidelines:**

1. Parents agree to provide all information requested on the Participation Registration Form, as well as on the Medical Information Form.
2. Any person that is permitted to pick the child up from the Hotspot has been identified on the Registration Form as well as the exclusive dates when this is permitted to occur. The Child **WILL NOT** be permitted to leave the Camp in the company of any other person.
3. Parents/guardians will review the attached Code of Conduct with the participants and will alert them to the fact that they are expected to behave accordingly. The Code sets out certain standards of behaviour required in order to protect the safety of children and to maximize the success of the Camp.
4. Participants will agree to abide by the Code, on the understanding that they may be asked to leave the Camp for behaviour which does not conform to the Code of Conduct.
5. Parents/guardians agree that no refund will be given for Camp fees if a child cannot attend the Camp for any reason, unless an acceptable replacement can be found in time to fill the seat.

### **Agreement:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, agree to allow him/her to participate in the Cybercamp, to be held at the Hotspot, on \_\_\_\_\_. I understand and accept the measures that the Freenet has taken and will take to protect safety and provide a program of good quality, and I accept that my child will be expected to behave accordingly to the Code of Conduct that I have been given by the Site, and to also instruct my child on these codes.

I understand that the Freenet assumes no liability for injury and accidents that may happen to my child while travelling to or from home to the Site. I understand the potential risks involved in this program and agree to hold the CyberCamp harmless for injury or accident to my child while at the Camp or in its programs. I understand the risks and the legal implications of signing this waiver.

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Full Name of Parent/Guardian (Please Print):

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Parent/Guardian Signature:

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Date: (DD / MM / YYYY)



**The Sea to Sky Freenet Association @ The Hotspot**

38027 Cleveland Ave, Squamish BC, V8B 0B8  
604-815-4142



**MEDICAL INFORMATION FORM**

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Name of Clinic: \_\_\_\_\_

Clinic Telephone: \_\_\_\_\_

If your child has any allergies, medical conditions or disabilities, please state and explain the condition as well as any precautions you require us to take: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the child bring medication with them to the Day Camp? ( Y ) or ( N )

If Yes, please specify what it is, and how/when the medicine is to be administered, and whether the child can administer the medication to him/herself. (This also includes EPI Pens for bee stings): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any other concerns regarding your child's health and safety while at the Camp, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of, \_\_\_\_\_ do hereby give my permission for the Freenet and its authorized representatives to assist with the above on behalf of my child (eg. Administer medication, help with toileting, etc), while he/she is a participant at the cybercamp.

In addition, I hereby authorize the Freenet and its authorized representatives to act in the event of a medical emergency and to seek medical treatment for my child. I hereby give consent for any medical assistance, treatment or procedure deemed necessary by a qualified doctor or other qualified health professional, in the event that I cannot be reached to give such consent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (DD / MM / YYYY)