

**PLEASE ATTACH 2  
RECENT  
HEADSHOTS OF  
YOUR CHILD**

**2011**

**DAY CAMP PARTICIPANT INFORMATION FORM**



Child's Name: \_\_\_\_\_ Home Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth date: DD / MM / YY Sex: M F Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Parent/Guardian #1: \_\_\_\_\_ Day Phone No: \_\_\_\_\_ Custody: Yes No  
 Parent/Guardian #2: \_\_\_\_\_ Day Phone No: \_\_\_\_\_ Custody: Yes No  
 Alberta Health care Number: \_\_\_\_\_ Other Coverage: \_\_\_\_\_  
 Family Doctor's Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

In case of an accident or illness, the parent will be notified, or if not available, list other names that could be contacted  
 (Must be an alternate phone number then parent/guardian):

#1	NAME	PHONE NUMBER	RELATION TO CHILD
_____	_____	_____	_____
#2	NAME	PHONE NUMBER	RELATION TO CHILD
_____	_____	_____	_____

- Is there anyone who is legally NOT authorized to pick up your child? Yes No If yes, please provide copies of court document.
- Does your child have any food allergies or diet restrictions? (please list) \_\_\_\_\_
- Does your child have any illness, learning disability or any medical conditions that our staff should be aware of?  
 \_\_\_\_\_
- Is your child on any medication? (please list) \_\_\_\_\_  
 I, \_\_\_\_\_, (parent's name) give permission for Cardel Place staff to give  
 \_\_\_\_\_ (child's name) the following medication \_\_\_\_\_ (medication  
 name) at the following times: \_\_\_\_\_.

**Photo Release Agreement (optional)**

The undersigned hereby grants Cardel Place permission to take and publish still photographs and moving videos or publish those previously taken of my child. These pictures will be used by Cardel Place and Nose Creek Sports and Recreation Association for the purpose of displays and promotion.

\_\_\_\_\_  
 PARENT SIGNATURE

\_\_\_\_\_  
 DATE

**Medical Statement**

In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medical physician may attend to my child.

\_\_\_\_\_  
 PARENT SIGNATURE

\_\_\_\_\_  
 DATE

**Informed Consent**

I am aware that Cardel Place Day Camps may be involved in some of the following activities: swimming, running, sports, using Cardel Place facilities, off area trips such as: walking to local parks, going to other facilities in Calgary and surrounding areas, taking transportation on Calgary Transit or school bus.

\_\_\_\_\_  
 PARENT SIGNATURE

\_\_\_\_\_  
 DATE

**Field Trip Permission**

I hereby give written consent for my child to participate in the trips away from Cardel Place as an activity for Day Camps. I fully understand that reasonable precautions and safety measures will be taken by the Camp Program staff and I waive any liability on the part of Cardel Place and Nose Creek Sports and Recreation Association.

\_\_\_\_\_  
 PARENT SIGNATURE

\_\_\_\_\_  
 DATE

**PLEASE ATTACH 2 RECENT HEADSHOTS OF YOUR CHILD**

PLEASE NOTE: RETURN THIS COMPLETED FORM AND ROCKWALL WAIVER ON THE FIRST DAY OF CAMP.

**PARTICIPANT RISK ACKNOWLEDGEMENT,  
RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK  
FOR PROGRAMS WITH AN ELEMENT OF HIGH RISK.**

Read this document thoroughly before you sign.  
Please bring this document to the first session and give it to the Program Instructor.  
It must be signed and dated in order for you to participate.

In consideration of participation in     **The Climbing Wall**     (The Program) offered at Cardel Place

*...for community, sports & recreation* (Cardel Place), I agree and acknowledge that:

1. I have (my child has) met all of the prerequisites required for participation in The Program.
2. I (my child) will abide by the rules and regulations imposed on participants in The Program.
3. I freely and voluntarily acknowledge and assume any and all risks and hazards inherent in The Program (including personal injury or property loss), and accordingly my participation in The Program is entirely at my own risk.
4. I waive any claim I (my child) may have against Cardel Place arising from my (my child's) participation in The Program, and I will indemnify and save harmless Cardel Place, its employees and agents for any claim, including any claim for medical services arising from my (my child's) participation in The Program, except for the negligence on the part of Cardel Place, its employees and agents.
5. I agree that by signing this Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in The Program to which I am willing to expose my child and I will pay for any costs incurred by Cardel Place, its employees or agents should a suit be launched on my child's behalf, except in the case of negligence on the part of Cardel Place, its employees or agents.
6. Cardel Place may secure such medical advice and services as it, in its sole discretion, may deem necessary for my (my child's) health and safety and I shall be financially responsible for such advice and services. I understand that Cardel Place does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in The Program and therefore agree to assume responsibility for such insurance coverage.
7. I have **CAREFULLY READ** the Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk and fully understand it and am freely signing it.

<b>For Staff Use Only</b>	Bouldering <input type="checkbox"/>	Belay <input type="checkbox"/>	Lead <input type="checkbox"/>	Auto belay <input type="checkbox"/>	<b>Last Initial</b>
Witness:	Witness (printed):	Date:			

## Bouldering & Climbing Wall Rules

- Anyone not following safe and proper climbing behavior will be asked to leave the climbing area
- Children under 14 years must be supervised by an adult who demonstrates proper belay technique (this can be any climber 14 years and older)
- Climbers 18 years and younger require parent/guardian authorization on the waiver
- To respect other climbers, please keep voices at a reasonable volume
- Do not walk underneath climbers or bump into users who are belaying
- Climbing shoes or non-marking running shoes are mandatory
- Bouldering on main wall is only permit to height of boulder wall
- Do not climb above or below any other climbers
- Climb on designated rope route and do not climb sideways across the wall
- Do not use bolts and bolt hangers as holds
- First time climbers must complete wall orientation, waiver, and belay test before being able to top rope
- If a person does not complete the belay test, they will be asked to register in one of the Climbing Basics introductory courses; they will receive a rain check if they paid for general admission
- All climbers please check-in with climbing wall staff before entering wall area at all times
- Children under 14 must be accompanied and spotted by a parent while bouldering (one to one ratio)
- Please keep food and drink off mat area
- Always safety check your partner before climbing
- All climbers must complete an Auto Belay orientation before using it

All participants must sign a Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk form in the presence of a Climbing Wall staff to gain access to the wall for Registered Programs or regularly scheduled drop in times. Waivers will not be valid if signed elsewhere. School Activity Day, Group Booking (ie. Birthday Party), and Special Event waivers are only valid for the activity intended.

By signing below I agree that I have read and understand all the rules while using the climbing and bouldering area. Please print.

\_\_\_\_\_  
Print participant's full name

\_\_\_\_\_  
Birth Date (mm/dd/yyyy)

(       )

\_\_\_\_\_  
Name of parent/guardian (if applicable)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of participant (over 18) or parent/guardian

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

This personal information is being collected under the authority of  
The Freedom of Information and Protection Act, Section 33C  
and is used solely for the purpose of  
Cardel Place ... for community, sports & recreation safety awareness.



# CARDEL PLACE

for community, sports & recreation

## Cardel Place Day Camp Self Sign In/Out Authorization

*Note: It is recommended, but not mandatory, that your child be a minimum of 9 years of age to sign themselves in and out of day camp.*

I \_\_\_\_\_ authorize my child \_\_\_\_\_ to sign themselves in and out during  
(parent/guardian name) (child's name)

summer day camps at Cardel Place.

Camp Name: \_\_\_\_\_

Please indicate below which days your child will be signing themselves out:

_____	_____
_____	_____
_____	_____

Please remember that after your child has signed themselves out, Cardel Place Day Camp Staff are no longer responsible for their supervision.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

# CARDEL PLACE

*for community, sports & recreation*

## Alternate Pick-Up/Drop-Off Authorization

I \_\_\_\_\_ authorize my child \_\_\_\_\_ to be picked up/dropped off by  
(Name of Parent/Guardian) (Name of child)

---

the named individuals below:

\_\_\_\_\_  
(Name of individual)

\_\_\_\_\_  
(Name of individual)

\_\_\_\_\_  
(Name of individual)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of Parent/Guardian)

---