






2305 West 7th Ave, Vancouver, BC
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PLEASE READ CAREFULLY BEFORE SIGNING.

PARTICIPANT INFORMATION:

Name of Participant: _____

Date of Birth: _____ Age: _____

Participant Cell Phone Number: _____

Name and Dates of Camp(s): _____

EMERGENCY CONTACT #1:

Name of Parent/Guardian #1: _____

Phone Number:	Cell	Home	Work

Email Address: _____

Relationship to Participant: _____

EMERGENCY CONTACT #2:

Name of Parent/Guardian #2: _____

Phone Number:	Cell	Home	Work

Email Address: _____

Relationship to Participant: _____

List any medications, medical conditions and/or allergies pertinent to participant:



MEDICAL INFORMATION (BC Residents)

Family Doctor: _____

BC Care Card Number: _____

Phone Number: _____

Cell: _____

Office: _____

Pager: _____

Date of most recent tetanus shot: _____

MEDICAL INFORMATION (Out of Province)

Province: _____

Medical Number: _____

Travel Insurance Provider: _____

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

PHOTO RELEASE

NutriFoodie and Kits Neighbourhood House will take pictures of its camp participants for use in promotional/ advertisement materials or publications (brochures, websites, newspaper ads, social media sites, etc.). By signing this consent form, you agree to allow nutriFoodie & Kits Neighbourhood House to reproduce the likeness of your child in such promotional/advertisement materials and publications.

Do Not reproduce photos of my child

MAILING LIST

NutriFoodie is highly focused on building community and staying in touch with you as well as providing information and updates that are beneficial and valuable. You'll be added to our mailing list, and we promise to not spam your inbox. We only want to add value and share information of high quality and relevance. You can always change your preferences and unsubscribe at any time. If you'd like to NOT be added to the list, please check this box:

Do Not add me to your list

FIELD TRIPS & OUTINGS

I give permission for nutriFoodie and Kits House to take my child on field trips and outings as part of the program. This includes transportation by public transit, or on foot.

Do Not allow my child to go on outings



ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the **nutriFoodie** programming and feel that I have sufficiently informed myself about the nature of the camp and the activities involved. **I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the camp including, but not limited to: impact with other individuals, instructors, or spectators, objects or equipment used in the classroom; changes in the type of surface and the condition of each surface, including the classroom and washrooms; adverse weather conditions; loss of balance; failure to participate safely within one's own ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; and negligence of other participants or staff.**

I also give permission for camp staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.

Participants are expected to be respectful and considerate towards other participants, nutriFoodie staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, nutriFoodie may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees.

In case of emergency: It is the policy of the Kits Neighbourhood House to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child, our procedure is to call for an ambulance. By agreeing to this, you are giving us consent to take your child to the nearest emergency centre when we are unable to contact you.

By signing this document, I confirm that I have discussed these rules and expectations with my child.

I hereby consent to my child's participation in the camp on the terms and conditions set out above by signing below.

Signature of Parent/ Legal Guardian:

Printed Name of Parent/ Legal Guardian:

Date:

Please ensure this is signed and completed before the first day of camp. For any additional information or questions, please email Cristel at contact@nutrifoodie.org.

We're really looking forward to meeting you and your child at our camps!