

CAMPUS SUMMER SPORTS CAMPS



CHILDREN'S SPORTS CAMPS – INFORMED CONSENT AGREEMENT

Participant's name: _____

Address: _____

City: _____

Postal Code: _____

Birthdate: _____

Parent/Guardian: _____

Phone #: _____

Disclaimer Clause:

Durham College and Ontario Tech, Campus Athletic Management Partners, Campus Fieldhouse, Vaso's Field, the Governors of the Durham College and Ontario Tech Boards, their officers, directors, agents, contractors, employees, coaches/instructors, trainers, volunteers, students, members and representatives (all hereafter collectively referred to as "the institution"), are not responsible for any participant's death, injury, loss or damage of any kind sustained by any person while registered as a Camp participant of the Campus Summer Sports Camp except to the extent that such injury, loss or damage was caused by the negligence of the institution.

Description of Activities:

The following activities that your child may participate in during the Children's Sport and Activity Camp are:

- Fitness & Games Instruction
- Team Sports/ Cooperative Games
- Racquet Sports
- Other as to be determined

Assumption of Risks:

In consideration of my child's participation in the above noted Camp and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, and HAZARDS associated with being a participant, including the possible risk of severe or fatal injury to my child or others. These risks include but are not limited to:

- A. All manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts etc. From executing strenuous and physically demanding physical techniques, collisions with the wall, floor, turf, uneven playing surfaces, contact with other participants and failure in proper use of equipment either by my child, or other participants of the Institution;
- B. All manner of injuries resulting from the mechanical failure of apparatus/equipment;
- C. All manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- D. Transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses;
- E. All manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- F. All manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- G. All manner of injuries and/or death that may result in transition between facilities;
- H. That my child's risk of injury increases as they become fatigued;

Parent/Guardian Initials:

Acknowledgement of Responsibilities

The parent/guardian and the participant understand and acknowledge the following:

1. To follow all the instruction and rules given by those responsible for or in charge of the above noted Camp and all related activities while my child is a participant and participating in the above noted Camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire camp;
2. To obey all the rules and regulations pertaining to the above noted camp and all related activities.

Parent/Guardian Initials:

Condition of Registration

The parent/guardian and the participant understand and acknowledge the following:

1. That the participant sees a licensed medical professional on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this camp.
2. That the participant will wear protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards.
3. Should the participant be injured during the camp I/we give permission for Institution staff to provide medical treatment.

Parent/Guardian Initials:

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT AGREEMENT, that I understand, appreciate and accept the risks associated with my child's participation in the above noted camp and all related activities at Durham College and Ontario Tech University. As the parent/guardian for the participant, I consent for my child's participation in the above noted camp and all related activities.

Name of Participant: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date Signed: _____



CHILDREN'S SPORTS CAMPS – CAMPER CODE OF CONDUCT

Campers are expected to behave appropriately and promote a safe, fun and healthy environment through productive participation. Campers are expected to follow all guidelines and requirements for their safety and the safety of others.

Camp staff will use a positive approach to discipline and will seek parental support to resolve behavioral issues and to encourage positive behavior. Participants who remain disruptive after consultation with the parents may be dismissed from the program. Dismissal resulting from breaking the code of conduct does not qualify for a refund.

Please go through this information with your child so he/she fully understands the expectation.

As a camper at the Campus Summer Sports Camps, I will:

- Show respect to other participants and treat them with courtesy and consideration.
- Show respect to staff and cooperate fully with their instructions.
- Know and follow the rules of camp.
- Respect the rights and beliefs of others.
- Bullying, in any form, is not acceptable and will not be tolerated.
- Communicate in an appropriate manner, which means I must not use bad language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand pushing, kicking, tripping, hitting or fighting are not acceptable and will not be tolerated – HANDS OFF POLICY.
- Use program equipment, supplies and facilities properly.
- Respect the property of others.
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary actions as described in the Camp Guide.

My child and I have read the Camper Code of Conduct. I have explained the expected behavior to my child.

Parent/ Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

I, the camper, agree to follow the Camper Code of Conduct

Camper's Signature: _____

Date: _____

**CAMPUS SUMMER
SPORTS CAMPS**



CHILDREN'S SPORTS CAMPS –MEDICAL ALERT FORM

Does your child have any allergies or medical conditions we need to be aware of? These include, but are not limited to, life threatening allergies and conditions that affect your child's level of participation.

Child's Name: _____

Address: _____

Medical/Behavioral Info: _____

Is medication required during camp?

Yes

No

If yes, please complete the Permission & Waiver Dispense Medication Form.

**CAMPUS SUMMER
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Medical Dispense Waiver

Child's Name: _____ Child's Health Card #: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Doctor's Name: _____ Phone #: _____

Medical Information:

• Name of Medication: _____ Dose: _____

Time to Administer: _____ Storage: _____

Dispensing Information: _____

• Name of Medication: _____ Dose: _____

Time to Administer: _____ Storage: _____

Dispensing Information: _____

I understand that it is my responsibility to give medication directly to the Camp Coordinator with full instructions in **original** prescription bottles only. In all cases, medication dispensing can only be changed or modified by completing another Medical Waiver form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Camp Coordinator of any changes in the dispensing of medication.

Parent/Guardian name: _____

Parent/Guardian Signature: _____

Date: _____

**CAMPUS SUMMER
SPORTS CAMPS**



Photo Release – Camps Summer Sports Camps

Without compensation of any kind, I hereby give Durham College and Ontario Tech University the right and permission for the following in any of its promotional materials including advertisements, publications, posters, websites, videos, etc.

- Create photographic or electronic records containing my image and/or communication related to my attendance at Durham College and Ontario Tech University including classroom participation, use of campus facilities, laboratories, training, sports, clubs or any extra – curricular matter;
- Copyright the photographic or electronic records containing my image and /or communications in its own name or in any other name which it may choose;
- Telecast the photographic or electronic records one or more times over Durham College and Ontario Tech University Internet site, station or stations, to publicize any portion thereof by any means, for any purpose whatsoever in whole or part, including- but not limited to- promotions, advertising or trade;
- Forward the photographic or electronic records containing my image and/or communications to media outlets for use in articles or audio-visual programs promoting the College/University.

I acknowledge that Durham College, Ontario Tech University, Vaso’s Field, Campus Fieldhouse, its governors, officers, employees and students, by reason of the use of these photographic or electronic records from any and all claims of any nature which I could or might have against the release(s) by reason of any fact or matter whatsoever.

By signing my name, I acknowledge that I have read, understand and agree with the contents contained within this form. If under 18 years of age, a signature of a parent or guardian is required.

Camper Name: _____

Phone: _____

Email: _____

Phone: _____

Signature of Participant: _____

I acknowledge that I have read and understood this document. I agree to its terms in connection with the photographic or electronic records of the likeness of my child:

Parent/Guardian’s Name: _____

Parent/Guardian Signature: _____

Date: _____



Campus Summer Sports Camp Alternate Pick-up

Camper Name(s): _____

Parents Name: _____

Parents Signature: _____

Phone Number: _____

Date: ___ / ___ / 2024

The following people are permitted to pick up my child from the Campus Summer Sports Camp:

1. _____
2. _____
3. _____
4. _____
5. _____

Please Note: Alternate pick-ups will be asked to show ID at time of arrival.