



Parent Handbook 2017

Here are some helpful tips to enjoy your experience at Adventurers Camp this summer!

Important things to know before coming to camp!

*Please make sure you come inside to sign-in & sign-out each day with the staff.

Please do not drop campers off at the door.

*Children will be required to wear an identification wristband for the duration of their stay (wristband provided at sign-in).

*"Swimming's Not For Me" is available for those who don't want to join the Public Swim.

*A schedule of afternoon themes will be handed out on the first day of camp.

*Smoothie cards can be purchased in advance - 5 smoothies for \$20.

*We do not allow the use of electronic devices at camp. Please leave all electronics at home.

*Sunscreen is provided to campers. *Please see note on medical form.*

Join us for our **Adventurers Camp Barbecue!**

Thursday July 13, 27, August 10 & 24! 12-2:30 BBQ, 12:30-1:30 performances! Hot dogs, drinks & ice cream will be provided.

Everyone welcome!!

Forms: Please complete the **Medical Form, Photo/Video Release Form** & the **Administration of Medication Forms** (if necessary) & return them before the start of camp. Forms can be dropped off, faxed (345-4520 attn: Alexa) or emailed to afares@thunderbay.ca

Adventurers Camp T-Shirts! T-shirts are back again this summer! Cost is \$10 and sizes are Youth S-XL and are available in Purple, Lime Green, Pink, Blue, Yellow & Red! T-shirts are optional

What you need to bring:

***Lunch!** Please be considerate of allergies & provide nut free lunches & snacks. A microwave is available & Vending Machines can be used at lunch time.

***Swimming gear!** A swim suit & towel should be packed daily!

*Wear **active clothing & runners** so you can play your hardest!

***Hat & water bottle** are recommended.

Junior Inclusion Services offers opportunities for participants of all abilities to be successful in Adventurers Camp, through one-on-one facilitation of the program, group support, and peer mediated social inclusion.

How to contact us!

Adventurers Camp Office - 343-0345
Program Supervisor - Alexa Fares 684-3351
Canada Games Complex - 684-3333

Join our emailing List!

Fill out the form below to join our emails list for all information about camps, upcoming programs all year round & registration dates!

Name: _____

Email: _____

MEDICAL FORM

Adventurers Camp 2017

DATES ATTENDING _____

NAME OF CHILD _____ SEX _____

ADDRESS _____

PHONE NO. _____ BIRTH DATE ___/___/___
mo day year

PARENT/GUARDIAN _____

HOME PHONE _____ BUSINESS PHONE _____

AN ALTERNATE IN CASE OF EMERGENCY _____

PHONE NO. _____

FAMILY DOCTOR _____ PHONE NO. _____

HEALTH CARD NO. _____

Allergies (drug, food etc.) _____

Disabilities/Special Needs _____

Information and suggestions regarding special needs

We provide sunscreen. Do we have your permission to apply sunscreen on your child?

YES

NO

Please fax back to Alexa at 345-4520 or email to afares@thunderbay.ca

Photo/Video Release Form

Recreation & Culture Division

Event or Occasion: Adventurers Camp

Date: July 3 to Sept 1 2017

Organization: Canada Games Complex

Person taking photo: Adventurers Camp Staff and authorized photographer

I understand that the Recreation & Culture Division of the City of Thunder Bay is compiling a photo/video library for promotional purposes.

I consent to the use of photos or video that may include myself and/or my child by the City of Thunder Bay Recreation & Culture Division for the purpose of any publicity or advertising trade, or any other lawful purposes. I waive any right to inspect or approve the finished product.

This is a photograph/video of: (child's name)

I have read this release and am in full understanding of its content.

Authorization given by:

Signature: _____ Date: _____

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Notes: _____

Photo Id, number or description:



Recreation and Culture Division

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

This form to be attached to the child's Participant Information Form

Date: _____
Day/ month/ year

I _____ authorize the administration of
Print name

_____ Name of medication

To _____ by _____
Child's name staff name

Or _____
Alternate staff

Use the following instructions: (information to be provided by parent /guardian)

Dosage: _____ Time : _____

Storage Instructions: _____

Location of Medicine: _____

Side Effects: _____

Specific instructions in the event of an emergency: (For example, length of time (if any) to call 911.

Child's Health Card Number _____

Name of Physician : _____ Phone number of Physician : _____

In the event of an emergency, please provide two phone numbers where **you** can be contacted: # _____ or # _____

Parent/guardian signature: _____

<p>For City of Thunder Bay Recreation and Culture Staff only. In the event that medication is required for an intervention, please complete the following:</p> <p>Time medication was administered: _____ am / pm</p> <p>Name of parent/guardian contacted: _____</p> <p>Time parent/guardian was notified: _____</p> <p>Signature of person administering medication: _____</p> <p><small>E:\Intercation Services\FORMS\Authorization for the administration of medication.doc</small></p>
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