

ADVENTURERS CAMP

Here are some helpful tips to read over before attending Advetnrurers Camp this summer!



Join us for the **Adventurers Camp Barbeque!** Thursday July 11, 25, August 8 & 22 from 12-1:30! **Hot dogs, DRINKS & ice cream provided** & performances to follow. **Everyone welcome!**

Forms: Please complete the **Medical Form, Photo/ Video Release Form** & the **Administration of Medication Form** (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

Junior Inclusion Services offers opportunities for participants of all abilities to be successful in Adventurers Camp, through one-on-one facilitation & group support. Contact 625-3220 for more info!

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 (wristbands provided).
- 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 \$22.50
- 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.
- Please note on the medical form if your child is a non-swimmer that requires a life jacket.
- Please note if your child has permission to take the swim test which will allow them to swim in the deep end of the pool and use the Thunderslide. Swimmers must be able to swim 25m, non-stop, comfortably on their front with face in the water for a portion of the time.

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 and runners** so you can play your hardest!
- **Hat & water bottle** are recommended.

HOW TO CONTACT US!

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



MEDICAL FORM

Adventurers Camp 2019 at the Canada Games Complex

NAME OF CHILD _____

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

Is your child a non-swimmer that will require a lifejacket?
YES NO

Does your child have permission to take the swim test that would give them permission to swim in the deep end of the pool?
YES NO

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



Event or Occasion: Adventurers Camp

Date: July 2 to August 31 2019

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:

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: _____

For City of Thunder Bay Recreation and Culture Staff only.

In the event that medication is required for an intervention, please complete the following:

Time medication was administered: _____ am / pm

Name of parent/guardian contacted: _____

Time parent/guardian was notified: _____

Signature of person administering medication: _____