

ADVENTURERS CAMP

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



Drop-Off & Pick-Up!

Drop-Off: Participants will be dropped between 8:15-9am Outside the Canada Games Complex front entry. Please follow the social distancing markings, and only one family will be permitted in the lobby at a time.

Pick-Up: Participants will be picked up between 4 - 5pm. Please stay in your car, and see your weekly newsletter for specific instructions.

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 emailed to adventurerscamp@thunderbay.ca

IMPORTANT THINGS TO KNOW BEFORE COMING TO CAMP!

- Children will be required to wear an identification wristband for the duration of their stay (wristbands provided).
- A schedule of afternoon themes will be handed out on the first day of camp.
- We do not allow the use of electronic devices at camp. Please leave all electronics at home.
- We will be outside most of the day! Make sure to pack and wear your sunscreen.
- Each week is a different theme! If you feel like dressing up, feel free!
- Swimming restrictions will not be an option until Phase 3/ restrictions are lifted.

WHAT YOU NEED TO BRING:

- **LUNCH!** Please be considerate of allergies & provide nut free lunches & snacks. A microwave is available .
- A face mask!
- Wear **active clothing and runners** so you can play your hardest!
- Sunscreen, **Hat & water bottle** are recommended.

HOW TO CONTACT US!

Program Coordinator -684-3351

Program Supervisor - 620-1058

Canada Games Complex Front Desk - 684-3333



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!

MEDICAL FORM

Adventurers Camp 2021 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

Photo/Video Release Form



Event or Occasion: Adventurers Camp

Date: July 5 to September 3 2021

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: _____