



Camrose Association for Community Living KANDU Summer Day Camp 2011

Kandu is a nonprofit camp welcoming children and youth age 7-17. All kids are welcome!

Camp Cost 2011

Daily: \$30.00, **Weekly:** \$112.00, **Monthly:** July = \$440.00 August = \$330.00

*Camp will run Tuesdays, Wednesdays, Thursdays, & Fridays
(No Camp on Monday)

*9am to 4pm (7 hours a day)

*Start day will be Tuesday July 5th

*Last day will be Friday August 19th

**** Registration Deadline is Friday, June 24th, 2010 ** Registration is on a first come first serve basis.**

Completed camp registration forms and camp fees will be accepted at CAFCL's office at 4604-57 St.

Please note that payment must be made in advance. Payment can be made in the form of post dated cheques from the time of application, master card, visa and or cash.

We are excited to get to know your child and have a lot of fun at camp this year.

Please feel free to contact the Camrose Association for Community Living with any questions. Phone: 672-0257 E-mail: solstad@cafcl.org

The Full Camp Experience

What are some of the things that your child would really love to do at camp, maybe we can make it happen (Let us know).

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

****All children must be signed in and out of camp each day****

Please let Summer Staff know if someone other than you will be picking your child up. It is important we are aware of who will be in charge of your child when they leave our supervision, safety is important to us. Also make summer staff aware of any one that is NOT permitted to pick up the camper (court order etc..)

Please initial that you have read this, _____.

Due to FOIP legislation, permission must be granted before pictures are published. We will be taking pictures during camp for future advertising. Please indicate that you agree or do not agree to give authorization to the Camrose Association for Community Living Summer Program and general media (TV, newspaper, etc.) personnel to photograph and/or videotape recordings of your child for the promotion of CAFCL and/or the Summer Program.

YES I agree: _____ **No I do not agree:** _____

The information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and shall ONLY be used for the purpose for which it was collected.

Parent/ Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Kandu Camp Summer Programs (Camrose Association for Community Living)

Informed Consent Agreement

NOTE: This **MUST BE SIGNED** before participation will be allowed.

I (please print) _____ (parent or guardian) am authorized and request to have (please print) _____ (participants' name) participate in Kandu Camp Summer program. I am aware that in addition to being at the Camrose Association for Community Living the program will take place at various removed locations. Which I understand may/will involve, but not be limited to the following activities. It is understood that _____ (participant name) has my permission to attend and participate in all planned activities during July and August 2011, as outlined in the Summer Day Camp Schedule.

Various indoor and outdoor sport activities

Swimming / Spray Park

Arts & Crafts

Orienteering

Facility tours Canoeing

Arts and crafts

Horseback riding

Petting, holding, viewing, and riding animals at farms and at petting zoos.

Ice skating

Movie theatre tour and show

Inspirations Salon and Spa treatment

Family Stage at Big Valley

Old MacDonald's Campground and Miquelon Lake – swimming, canoeing/paddle boating, mini golf

Participating in an or viewing the Big Valley Jamboree Parade

Visit to Edmonton International Raceway and opportunity to sit in moving or parked car

Use of the Family Resource Centre and Field House facility

Millennium Place – swimming, wave pool, indoor play and leisure facility

And other possible activities associated with this program

Horseback riding

Archery

Campouts

Outdoor based activities

Hockey Games

Cooking/baking

Bowling

Nature walks

Touring

Hay Rides and Wiener Roasts

Lacombe Corn Maze

I am Aware and Acknowledge that participation in recreational leisure and sport activities in general involves inherent risks which expose participants to the possibility of injury that include, but are not limited to, skin abrasions, Skin, nerve, bone, muscle, eye, spinal cord, skull and neck damage, pain, paralysis, brain injuries or even death.

I am Aware and Acknowledge that this program involves transportation by way of foot, bus, personal staff vehicles and CAFCL owned vans to and from the areas that the program takes place and that my child will be exposed to all risks associated with foot travel and road and highway transportation. In addition, some elements of this program may take place in remote locations. As a result, immediate medical attention may be compromised

I understand that in choosing to permit my child to participate brings with it the assumption of the risks outlined and I assume full responsibility to instruct my child about the risks and choices available to him/her relative to those risks.

I understand, agree and acknowledge that by choosing to have my child participate in this program brings with it the assumption by me and my child, of all risks associated with this activity including the specific risks as above. In addition I understand that I am free to withdraw my child from this program at any time.

I understand, agree and acknowledge that the Camrose Association for Community Living and its staff cannot give consent for emergency medical treatment. I give my permission for emergency medical treatment to be given to the participant. I understand that I will be informed of the treatment as soon as possible and my permission will be sought for any follow up or additional treatment.

I further understand that this program may be conducted by personnel whose skills and competencies vary according to training and experience. And that it is my responsibility to determine whether or not I am satisfied with the qualifications of the program personnel, including the persons involved with the transportation of my child.

I declare that I have read, understood, and agree to the contents of the above form in its entirety. I relieve the Camrose Association for Community Living, its employees and its volunteers of any and all responsibility for injury or accident to the named participant.

(Parent / Guardian)

(Witness)

Date: year / mo / day _____