

COMMUNITY SCHOOLS PARTNERSHIP

## Play Day

Registration and Medical Disclosure Form

Play Day is a single-day day camp organized on Professional Days for all Delta School District students from Kindergarten to Grade 7. The day will consist of exciting arts and crafts activities and fun interactive gym games! Participants will have the opportunity to engage with children from around the district while making new friends, and having a memorable and fun day off from school!

<b>LOCATION:</b>	North Delta Secondary School
<b>Address:</b>	11447 82 Ave, Delta, BC, V4C 5J6
<b>Date:</b>	Friday, May 17 <sup>th</sup> , 2019
<b>Time:</b>	9:00am – 3:00pm
<b>COST:</b>	\$40.00
<b>DEADLINE:</b>	Tuesday, May 14 <sup>th</sup> , 2019

### How to Register:

Please complete all sections of the form and return with payment to the secretary before the deadline. If paying by cheque, make fees payable to **DELTA SCHOOL DISTRICT**. If paying by cash, please enclose exact change.

Play day activities may include, but are not limited to:

Arts and Crafts	Games
Ice Cream Cones	Four Corners
Hot Air Balloons	Dodgeball
Coffee Filter Butterflies	Bench Ball
Flowers in a Flower Pot	Capture the Flag
	Board Games

All activities are subject to change.

**Please make sure to pack a snack, lunch, and water bottle!**

~ Detach and keep this page for your reference. ~

For more information please contact Neha Sharma at [communityschools@deltasd.bc.ca](mailto:communityschools@deltasd.bc.ca)  
Phone number: (778) 968-5300

**COMMUNITY SCHOOLS PARTNERSHIP  
REGISTRATION AND MEDICAL DISCLOSURE FORM**

**Play Day – May 17<sup>th</sup>, 2019**

Please Complete **BOTH** forms and attach payment.

**Student Information**

Name:	Grade:	Birth Date:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	

**Parent / Guardian Information**

Parent/Guardian's Name:		Parent/Guardian's Name:	
E-mail Address:		Secondary E-mail Address:	
Home Number:	Cell Number:	Work Number:	
Address:			
City:	Province:	Postal Code:	

**Medical Information**

B.C. MSP Health Number:	Date of last Tetanus Shot:	
Allergies: <i>(i.e. foods, insect stings, hay fever)</i>		
Reactions to allergies:		
Carries Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Physical conditions that may affect participation is the stated program/activity:		
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):		
Additional Comments: <i>(i.e. request for program modification or activities your child cannot participate in)</i>		

**Emergency Contact Information (Other than Parent/Guardian)**

Emergency Contact #1 Name:	Relationship:	Home Phone:	Cell Phone:
Emergency Contact #2 Name:	Relationship:	Home Phone:	Cell Phone:
Name of Physician:	Physician Phone Number:		

**Additional Information**

How will your child be getting home?  Walking  Pick up (who will be picking up your child?) \_\_\_\_\_  
 I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs. Yes No



## Acknowledgement of Consent and Risk

Parent/ Guardian who is filling this form: I \_\_\_\_\_ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills. While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, \_\_\_\_\_ (Name of parent/guardian) give permission for \_\_\_\_\_ (Name of student) to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only:

Reg. Confirmation: X \_\_\_\_\_ Date: \_\_\_\_\_

**Input**       **Photocopied**       **Receipt**

CASH – or –  CHEQUE

Cheque Provider Name: \_\_\_\_\_ Cheque #: \_\_\_\_\_