



# Britannia Adventure Camp Weekly Schedule

## Welcome to week 5!

Bring a NUT FREE snack and lunch and make sure you have water! Put on sunscreen before coming to camp and bring extra with you. Dress for the weather and the activities we're doing. Bring swim stuff daily! We meet at the Teen Centre

Date	Activities	What's going on + what to bring!
<b>Monday, July 29</b> <b>11:00-5:00</b>	<b>Rev's Bowling</b>	Wear good walking shoes and bring lots of water as we'll be taking public transit to Rev's. Make sure you have socks!
<b>Tuesday, July 30</b> <b>11:00-5:00</b>	<b>Ice skating @ Britannia and Box fit class</b>	You'll be going ice skating at the rink so please make sure to bring warm clothes and good socks!  Before skating you'll be participating in a box fitness class with our boxing program.
<b>Wednesday, July 31</b> <b>9:00-3:00</b>	<b>Otter Co-op Water Park</b>	Slap on the sunscreen, we're going to the outdoor pool! Make sure you're wearing your swim stuff Please arrive between 845-9am as we will be leaving right away!
<b>Thursday, Aug 1</b> <b>11:00-5:00</b>	<b>Lonsdale Quay and Spray park</b>	We'll be taking the seabus to Lonsdale Quay to check out the market. Be prepared to get wet as we check out the water feature.
<b>Friday, Aug 2</b> <b>11:00-5:00</b>	<b>Stanley Park Pitch and Putt</b>	We'll be taking transit to Stanley Park. Make sure you have good shoes and are sun screened.





**BRITANNIA COMMUNITY SERVICES CENTRE**

1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

**PARENTAL CONSENT FORM:**

FOR PRETEEN ADVENTURE CAMP (10-14yrs old)

*Week 5- July 29 – Aug 2 2024, Mon/Tues/Thurs/Fri 11:00am – 5:00pm Wed 9:00am-3:00pm*

CHILD’S NAME: \_\_\_\_\_ BIRTH DATE (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE NUMBER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I hereby authorize my son/daughter \_\_\_\_\_ to participate in the activities sponsored by the Britannia Community Services Centre.

My son/daughter has my consent to participate in any of the following out trips that I have approved

Mon. July 29	Rev’s Bowling	Public Transit	_____
			Signature of Parent/Guardian
Tues. July 30	Boxing fitness @ Britannia		_____
			Signature of Parent/Guardian
Tues. July 30	Skating @ Britannia Rink		_____
			Signature of Parent/Guardian
Wed. July 31	Otter Co-op Waterpark	Charter Bus	_____
			Signature of Parent/Guardian
Thurs. Aug 1	Lonsdale Quay and water feature	Public Transit	_____
			Signature of Parent/Guardian
Fri. Aug 2	Stanley Park Pitch and Putt	Public Transit	_____
			Signature of Parent/Guardian

1. My son/daughter will be:

- Picked up by \_\_\_\_\_ Relationship: \_\_\_\_\_
- Can sign themselves out and return home by themselves

2. Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

\_\_\_\_\_  
\_\_\_\_\_

**Please notify Funseekers staff to any changes to this form that may affect your son/daughter’s participation in our programs.**





READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

Please complete form, sign and submit the original copy to Community Centre staff

PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

Community Centre: Britannia Community Services Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as child in legal terms.

Activity Name: Britannia Boxing- Preteen Adventures Date: July 30, 2024 Time: 11:30am-1:00pm

Activity Description: Cardiovascular training (ie. circuits, high intensity interval training, agility, aerobic stamina) Boxing specific drills (ie. punching bags, speed bags, training mitts, punching, foot movement, slipping) Body weight exercises (ie. sit-ups, push-ups) No sparring or contact

Mode of Transportation: N/A

Child's Name: Parent/Legal Guardian Name:

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, in respect of the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;
(2) the nature of the Activity is such that the Community Centre cannot identify all risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activity; and
2) I HEREBY RELEASE the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activity; and
3) I AGREE TO INDEMNIFY the Community Centre for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activity.

**EMERGENCY INFORMATION AND MEDICAL CONSENT**

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name:  Child's Date of Birth: (mm/dd/yyyy)

Child's BC Care Card Number:

OR Child's Medical Insurance & Policy Number: (copy of insurance policy required)

**Emergency Contacts:**

Name:  Relation to Child:  Phone:  Phone:

Name:  Relation to Child:  Phone:  Phone:

List any Medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

**PICK-UP PERMISSION :**

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

**PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:**

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the child while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services.

Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES  NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

**I HAVE READ AND I UNDERSTAND THIS DOCUMENT**

**PARENT/LEGAL GUARDIAN**

Signature:

Print Name:

Address:

City:  Postal Code:

Home Phone:  Work Phone:

Cell Phone:  Date:

Email:

**PARTICIPANT CHILD/YOUTH**

Print Name:

Address:

City:  Postal Code:

Home Phone:  Cell Phone:

Date:

Reviewed for Completeness by Staff - Initials: