

PARTICIPATION WAIVER

To Parents/Guardians:

There has been an indication that your son/daughter is interested in participating in _____ . This form is to be completed prior to any involvement in the above mentioned activity.

It is important that all students participate safely and comfortably in our recreation programs. We strongly recommend the following:

1. Student should have annual medical examination and current immunization records.
2. Student should bring emergency medication. e.g., asthma inhalers.
3. Jewelry, other than the emergency medical type, must be removed. Emergency medical jewelry must be taped.
4. The wearing of eyeglass straps and shatter-resistant lenses, if your child wears glasses that cannot be removed for activities, should be considered.
5. It is recommended that all students bring and use their own personal water bottle for recreational activities.
6. In the event that the student uses personal or borrowed sports equipment, the parent/guardian of the child ensures that the equipment is in good working order, fits properly, conforms to recognized safety standards and has not been altered from its original condition.

Recreational/athletic programs may present various elements of risk. Incidents related to such activities may occur and cause injury, through no fault of Victory Summer Day camp, or the facility at which the activity or event is being held. Participants must assume these risks.

Student _____
Address _____
Birth Date _____
Phone _____
Family Doctor _____
OHIP Number _____
Emergency Contact Name _____
Phone _____

I hereby release and discharge Victory Summer Day Camp and it's employees and agents from any claims, causes of action, demands for damages, indemnity or costs arising from the students participation in the above noted activity. I confirm that I have read and understood the Participation waiver in its entirety.

Signature of parent/guardian _____