



## **Camrose Association for Community Living KANDU Summer Day Camp 2021**

Kandu is a nonprofit camp welcoming children and youth age 7-17.

### **Camp Cost 2021**

**Kandu Summer Camp is supported by the Government of Canada's Emergency Community Support Fund and Community Foundations of Canada.**

**There will be a nominal fee of \$30 per camper per day**

Camp will run with sessions Monday/Wednesday and Tuesday/Thursday  
\*9:30 – 3:30

\*Start day will be Monday, July 5th

\*Last day will be Thursday, August 20th

**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, e-mail [familysupport@cafcl.org](mailto:familysupport@cafcl.org) or phone 780-672-0257

This Program adheres to the Alberta Health Services Day Camp Guidelines relating to COVID-19.

- <https://www.alberta.ca/assets/documents/covid-19-relaunch-guidance-day-camps.pdf>
- Children must not attend the program if they are sick, even if symptoms are mild.
- Parent/guardian are encouraged to check their child's temperature daily before accessing the program.
- Staff will conduct symptom screening of each child every day with the parent/guardian.
- If a child develops symptoms during the program, they will be isolated from the other children and the parent / guardian will be notified to pick them up immediately.
- Symptoms include: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and general feeling of being unwell.
- Physical distancing practices will be maintained where possible.
- For tracing purposes – we will keep daily records of anyone entering the camp staying 15 min or longer.
- Proper and frequent hand washing will be enforced.
- Frequently touched objects will be cleaned and disinfected regularly.
- Personal protective equipment will be used by staff as appropriate / necessary.
- Activities considered to pose a high risk of transmission will be avoided. (i.e. singing, group transportation, etc.).

**2021 Registration Form**  
**Registration Deadline: June 23th, 2020**

Campers Name:		
Registration Fee:		
Method of payment:		
<ul style="list-style-type: none"> <li>• <b>If applying for subsidy, please indicate</b></li> </ul>	Cheque	<input type="checkbox"/> Cheque #'s -
	MasterCard	<input type="checkbox"/>
	Visa	<input type="checkbox"/>
	Cash	<input type="checkbox"/>
	FSCD (send confirmation e-mail)	<input type="checkbox"/>
	Applying for subsidy	<input type="checkbox"/>
<p><b>*Select the days your camper is available. INDICATING AVAILABILITY DOES NOT GUARANTEE YOUR CHILD WILL HAVE A SPOT THAT DAY – we are doing our best to accommodate! (Please check the appropriate boxes) If filling this out on the computer click the white box, an X should appear in the box, this will check your box.</b></p>		
<b>Week 1 (July 5-9)</b> <input type="checkbox"/> July 5 and 7 (Monday/Wednesday) <input type="checkbox"/> July 6 and 8 (Tuesday/Thursday)	<b>Week 2 (July 12-16)</b> <input type="checkbox"/> July 12 and 14 (Monday/Wednesday) <input type="checkbox"/> July 13 and 15 (Tuesday/Thursday)	
<b>Week 3 (July 19-23)</b> <input type="checkbox"/> July 19 and 21 (Monday/Wednesday) <input type="checkbox"/> July 20 and 22 (Tuesday/Thursday)	<b>Week 4 (July 26-30)</b> <input type="checkbox"/> July 26 and 28 (Monday/Wednesday) <input type="checkbox"/> July 27 and 29 (Tuesday/Thursday)	
<b>Week 5 (August 3-6)</b> <input type="checkbox"/> Aug 4 (Wednesday) <input type="checkbox"/> Aug 3 and 5 (Tuesday/Thursday)	<b>Week 6 (August 9-13)</b> <input type="checkbox"/> Aug 9 and 11 (Monday/Wednesday) <input type="checkbox"/> Aug 10 and 12 (Tuesday/Thursday)	
<b>Week 7 (August 16-20)</b> <input type="checkbox"/> Aug 16 and 18 (Monday/Wednesday) <input type="checkbox"/> Aug 17 and 19 (Tuesday/Thursday)		
Date of registration:	Age of child or youth:	
*Birth date (day/month/year):	Male <input type="checkbox"/> Female <input type="checkbox"/> Other Gender <input type="checkbox"/>	
*Alberta Health Care #:		
*Parents/Guardian:		
*Address:	City:	
*Postal Code:		
*E-mail Address:		
*Home Phone:	*Work Phone:	

<p>*Cell Phone:</p> <p>Can we text you? – Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>(who's cell phone)</p>
<p>*Cell Phone:</p>	<p>(Camper's cell phone)</p>
<p>*Emergency Contacts:</p>	<p>Name:</p> <p>Relationship:</p> <p>Phone #:</p>
	<p>Name:</p> <p>Relationship:</p> <p>Phone #:</p>
<p>Does your child have any allergies, and or medical, physical, emotional, behavioral conditions camp staff should be aware of?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please explain.</p>	
<p>Does your child have an aide or support worker?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Will his/her aide accompany them to summer camp?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Name of your child's aide or support worker? (Aide may be required to provide transportation)</p>	
<p>Contact # for aide or support worker:</p>	
<p><b>The Full Camp Experience</b></p>	
<p>What are some of the things that your child would really love to do at camp? Maybe we can make it happen!</p>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>
<p style="text-align: center;"><b>**All children must be signed in and out of camp each day**</b></p> <p>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, as 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.).</p>	

<p>To support public health contact tracing efforts in the event that an attendee tests positive, Kandu camp staff will keep daily records of anyone entering the day camp who stays for 15 minutes or longer (e.g. staff, workers, volunteers on shift, visitors, etc.). • Day camps must obtain consent (parent or guardian for children under 18) and notify individuals, parents or guardians about the purpose and legal authority for the collection.</p>	
<p>Please initial that you have read this, _____.</p>	
<p><b>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.</b></p>	
<p><b>YES I agree:</b> <input type="checkbox"/> <b>No I do not agree:</b> <input type="checkbox"/></p>	
<p>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.</p>	
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 \_\_\_\_\_ (parent or guardian) am authorized and request to

have \_\_\_\_\_ (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 **may** take place at various removed locations, **pending easing of Covid-19 restrictions by the Alberta Chief Medical Officer**, 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 2019, as outlined in the Summer Day Camp Schedule. **(If, due to concerns about Covid-19, you wish to revoke your consent for certain activities as per summer camp calendar, please give as much advance notice as possible.)**

Various indoor and outdoor sport activities

Horseback riding

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  
Lacombe Corn Maze  
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

Archery  
Campouts  
Outdoor based activities  
Hockey Games  
Cooking/baking  
Bowling  
Nature walks  
Touring  
Hay Rides and Wiener Roasts

**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 