

This form must be completed for each child attending camp. For additional children please complete a separate form.

Camper Health and Information Form - 2023

The City of Peterborough undertakes to safeguard your child while participating in registered programs and day camps offered by the Peterborough Museum and Archives, Art Gallery of Peterborough, Peterborough Sport and Wellness Centre and Recreation Division. Completion of this form is mandatory and must be submitted prior to the start of the program.

The information provided will be retained for one calendar year. It may be shared with the Peterborough Museum and Archives, the Art Gallery of Peterborough, Peterborough Sport and Wellness Centre and the Recreation Division. It is the parent/guardian responsibility to inform staff of any changes within that time. For more information, [contact](#) one of the facilities listed above.

Notice of Collection:

Personal information is being collected under authority of the Municipal Act 2001, c. 25, and will be used for the purposes of managing your account/memberships and any transactions that you make (e.g. registrations and bookings), communicating with you regarding these matters, and administering and managing City-run programs and facilities. For questions regarding online registration for City run programs, please contact the PSWC Facility Manager at 705-742-7777 ext. 2204, or wellnesscentre@peterborough.ca. For questions regarding the collection, use or disclosure of this personal information, please contact the City's FOI and Privacy Coordinator at 705-742-7777 ext. 1797, or clerks@peterborough.ca. Please review the City's Terms of Use & Privacy Statement for more information.

Camper's first name *

Camper's last name *

Camper's gender *

Male Female Other

Camper's birthdate *

Name of parent or guardian (first and last) *

Parent or guardian email address *

Daytime phone number *

Extension

Mobile phone number *

Name of parent or guardian (first and last)

Parent or guardian email address

Daytime phone number

Extension

Mobile phone number

Would you like to receive promotional information about the City of Peterborough camps and events? *



Yes

No

Are there any special custody arrangements for this participant? *

Yes

No

Please describe special custody arrangements

Pick-up and alternative emergency contact authorization

Please list any alternative caregivers that are authorized to pick up your child(ren) from camp. NOTE: children will only be released to those individuals listed below, and contacts will be listed as alternative emergency contacts for your child.

Name (first and last) *

Daytime phone # *

Cell phone # *

Name (first and last)

Daytime phone #

Cell phone #

Name (first and last)

Daytime phone #

Cell phone #

Assistive support

If camper requires 1:1 supervision, please provide the name of the adult that will be attending the program with the child, as well as copy of a current police and vulnerable sector screening.

Does your child require assistive support *

Yes

No

Name of support person (first and last)

Agency name

If possible please upload current Police and Vulnerable Sector Screening or provide a hard copy

Medical information

Does your child(ren) require any medication(s) or treatment(s) *

Yes

No

Name of child (first and last) *

Child's birthdate *

Please list all medical conditions, allergies, disabilities, conditions, needs, behaviours and any special instructions for your child:

Please read carefully

By checking **agree** below I/we confirm that my/our child has permission to participate in all program activities including those supervised trips and activities (if trips are a component of your child's program) not on the City of Peterborough property. I/we on behalf of my/our child, understand the nature of these activities and I/we hereby:

- Certify that the information in this document is true and correct, and agree to disclose any and all factors which would prevent or limit the participant from full participation or success within the program;
- Agree to permit program/camp staff to act on my behalf in case of an emergency;
- Confirm that I/we have read, accept and will abide by the conditions of registration and the policies and procedures of the Peterborough Sport and Wellness Centre, the City of Peterborough Recreation Division, the Peterborough Museum & Archives and the Art Gallery of Peterborough;
- Acknowledge that if my child is not collected at or before the scheduled camp end time, I/we will be required to pay late fees where applicable;
- Certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf;
- Acknowledge that the information provided in this form may be shared with all City of Peterborough camp facilities;
- Acknowledge that the information provided will remain on file for one calendar year. If any changes occur, it is my responsibility to notify the relevant program staff.

I/we have read the above and agree to the terms *

Agree

Disagree

Photo Waiver

- I/we agree that my/our child's photo or image may be used for promotional purposes
- I/we agree that my/our child's photo or image may be used on social media outlets. In the course of program activities, photos may be taken and audio and/or visual recordings may be made and may be used on the City of Peterborough's website or social media outlets.

I/we have read the above and agree to the terms *

Agree

Disagree

Please discuss with Camp Coordinator on the first day of camp.

Name of parent or guardian (first and last) *

Today's date *

Name of parent or guardian (first and last)

Today's date