



184 Horton Street London, ON N6B 1K8  
 Tel: (519) 434-9114 Fax: (519) 434-7306  
 www.bgclondon.ca



FOR OFFICE USE ONLY	
RecDesk #	_____
Membership Code:	_____
Database#	_____
Expiry Date	_____

## BGCL SUMMER CAMP 2024

The following information is necessary for the Boys & Girls Club of London (BGCL) records and statistical information for our funders. **PLEASE PRINT CLEARLY AND USE BLACK OR BLUE INK.**

BGCL Site

Ilderton site - 13168 Ilderton Rd.

Child's Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp: \_\_\_\_\_ Sex: Male  Female  Gender X   
DAY MONTH YEAR

Address: \_\_\_\_\_  
Street # & Name City Postal Code

Home Phone #: ( \_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Doctor: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
NAME NUMBER

### PARENT 1

### PARENT 2

Sex: Male  Female  Gender X

Sex: Male  Female  Gender X

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Family Setting</b>	One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
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Will anyone else other than those listed above be picking up your child? If Yes, please fill out the following:

\_\_\_\_\_  
NAME AND RELATIONSHIP TO CHILD

\_\_\_\_\_  
NAME AND RELATIONSHIP TO CHILD

List anyone who is **NOT ALLOWED** to pick up your child: \_\_\_\_\_  
NAME AND RELATIONSHIP TO CHILD

**PLEASE NOTE:** Everyone picking up children will be asked to show photo identification. Please ensure that all people picking up your child are aware of this.

### EMERGENCY CONTACTS (people who do not live in the home)

**EMERGENCY CONTACTS:** These will be the people who are allowed to pick up your child or who will be called if a parent/guardian cannot be reach in an emergency. **These MUST be different contacts than Parents/Guardians.**

Emergency Contact 1: \_\_\_\_\_  
FIRST LAST RELATIONSHIP

\_\_\_\_\_ HOME PHONE # WORK PHONE # CELL PHONE #

Emergency Contact 2: \_\_\_\_\_  
FIRST LAST RELATIONSHIP

\_\_\_\_\_ HOME PHONE # WORK PHONE # CELL PHONE #

I give permission for my child to walk home from this program without being signed out by an approved adult. Yes  No

Are there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders? Yes   
If yes, please speak to our Camp Director and provide documentation.

Swimming Ability: **Shallow end with life jacket**      **Shallow end - no life jacket**      **Deep End Swimmer**  
(for ages 10+)      Does your child require any type of support in the pool? \_\_\_\_\_

\*Children ages 6 and under must wear a life jacket that we provide. Children ages 7-9 must complete a swim test on site.

Please list any other camper you would like your child grouped with (similar age only): \_\_\_\_\_

### Special Needs

Does your child have any of the following conditions?    ADHD     ODD     Bipolar     Other: \_\_\_\_\_

Does your child have any special needs we should know about?    Yes  No     Specify: \_\_\_\_\_

Does your child require more attention than the ratio offers?    Yes  No     Specify: \_\_\_\_\_

Does your child have an Educational Assistant during school hours?    Yes  No

**If your child requires additional support, please contact the Inclusion Coordinator at 519-434-9114 to ensure availability and set up an intake session to assess your child's needs. A Supplementary Form is also required with registration and each child may register for two weeks maximum allowing opportunities for others. The form is available on website or at registration booth.**

### ALLERGIES

**Has Epi-Pen:** Yes     **CHILD to carry Epi-Pen:** Yes  No     **\*STAFF to Carry Epi-Pen:** Please speak with Director Yes     **Carries Ana Kit:** Yes

**Has Inhaler:** Child carries inhaler: Yes  \*Child must keep on person

Seasonal: No  Yes  \_\_\_\_\_

Food: No  Yes  \_\_\_\_\_

Drugs: No  Yes  \_\_\_\_\_

Insect: No  Yes  \_\_\_\_\_

Other: No  Yes  \_\_\_\_\_

### Dietary Information

**Please note:** If you have questions or wish to provide more details, please contact our Chef at 519-434-9115 ext. 234 or mgraham@bgclondon.ca

Lactose intolerant/ Dairy-free     Halal     Vegetarian     Gluten-Free     Vegan     Please specify: \_\_\_\_\_

**Please note:** We are unable to accommodate special diet requests; if your child has special diet requirements, please provide their lunch.

**Please list any food allergies/dietary needs, (our Chef may contact you for follow up):**

### Administration of Medication

For children that need medication administered during camp, a parent or guardian must complete a Permission to Self Administer Medication form and:

1. Provide medication in its **ORIGINAL CONTAINER** to the Camp Coordinator or Camp Director. **We will not accept any form of medication that is not properly labeled or packaged, i.e. in a Ziploc bag, wrong bottle, etc.**
2. Pick up any remaining medication and packaging every Friday.
3. Inform the Coordinator of Epi-pens and Inhalers - child must keep it but the counsellors are to be made aware of its location.
4. Inform the Coordinator of any changes regarding medication as it may affect the child's performance at camp.

Medication Name	Dosage	Time of Dosage	Purpose	Instructions on how the child will self administer the medication (i.e. drink or food required)

## SUMMER CAMP POLICIES

### Age Policy

The camper's age the week they are attending camp is their registered age.

### Children with Difficult Behaviour at Camp

Parents will receive a Behaviour Management Form, signed by Camp Coordinators and Management, to assist their child in dealing with any difficult behaviour experienced at camp. If your child needs to leave camp for not correcting inappropriate behaviour, a refund will not be issued.

### Head Lice

If lice is detected on any participant, we will notify authorized person immediately for child to be picked up. **Once lice has been treated, child may return to camp with Director's or equivalent's approval.**

### Sun Screen

It is our policy to allow staff to assist participants with the application of sun screen provided the following has been completed. **I give permission for the staff of the BGCL Camp to assist in the application of sun screen to my child. I also understand that I must provide a clearly labelled bottle of approved sun screen.** We recommend that sun screen be waterproof, provide UVA/UVB protection and have a SPF of at least 30, and that it contain no peanut products.

Yes  No

### **PLEASE NOTE - Promotional Material:**

The BGCL reserve the right and permission to publish, reproduce, distribute and/or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of the BGCL. The BGCL shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product.

**I do not give permission to use my child's photograph.**

### Payment of Fees

Full payment must be received at the time of registration. We accept VISA, MasterCard, Debit, and Cash.

### **Registration Deposit / Changes / Camp & Refund Policy**

**For City Subsidy/Ontario Works Clients** - A \$25.00 non-refundable Registration Deposit applies per camper.

**FOR ALL - To receive a refund, all changes and cancellations must be submitted in writing at least two (2) weeks prior to the camper(s) start date. No refunds will be issued for cancellation requests received after that period.** A \$15 Administration fee will be charged for cancellations or changes **per child per cancellation notice.**

**Please initial here \_\_\_\_\_ to indicate you have read and understood the Deposit/Changes/Camp & Refund Policy above.**

**AUTHORIZATION - Registration will not be processed without a signature below.**

**In registering the child named in this form to attend BGCL Camp, I, the undersigned parent/guardian or other duly authorized party, hereby agree as follows:**

- To permit my child to participate in the full range of BGCL Camp activities and authorize the BGCL Camp Staff, in the event of accident, injury or illness affecting the above named camper to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as they may seem essential for the care and well-being of the said camper. Such action is to be taken only when immediate con- tact with the undersigned cannot be made.**
- I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I will complete the release of liability, waiver of claims, assumption of risks and indemnity agreement (last two pages of the form). This agreement states that I will not hold the Boys & Girls Club of London and Boys & Girls Club of London Foundation or any of its employees responsible in the event of an injury to my child.**
- I understand and agree to the Boys & Girls Club of London's Camp Policies stated above.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child

CAMP FEES	Dates	Members	Visitors
*Early Care Session	Weeks 1 & 6	\$5 per child, per day or <b>\$15 per child, per week</b>	
	Weeks 2 to 5 and Weeks 7 to 9	\$5 per child, per day or <b>\$20 per child, per week</b>	
*After Care Session	Weeks 1 & 6	\$5 per child, per day or <b>\$15 per child, per week</b>	
	Weeks 2 to 5 and Weeks 7 to 9	\$5 per child, per day or <b>\$20 per child, per week</b>	
**4-Day Week, Regular Camps	Weeks 1 & 6	\$205	\$225
^4-Day Week, <b>Specialty</b> Camps		\$220	\$240
5-Day Week, Regular Camps	Weeks 2 to 5	\$240	\$260
^5-Day Week, <b>Specialty</b> Camps	Weeks 7 to 9	\$255	\$275

\*EXTENDED CARE AVAILABLE ONLY IN LONDON. ^Specialty camp rates for select camps.

\*\*Club is closed on Monday, July 1<sup>st</sup> and Monday, August 5<sup>th</sup> in observance of Canada Day and Civic Holiday.

Camp	Ages	**Wk. 1 Jul. 2-5	Wk. 2 Jul. 8-12	Wk. 3 Jul. 15-19	Wk. 4 Jul. 22-26	Wk. 5 Jul. 29-Aug. 2	**Wk. 6 Aug. 6-9	Wk. 7 Aug. 12-16	Wk. 8 Aug. 19-23	Wk. 9 Aug. 26-30
*Early Care Session										
*After Care Session										
Adventure Ready	6-13									
All Stars	6-13									
Camp-a-saurus	4-5									
Camp Discover	12-15									
Creative Arts	6-9									
Explorers	4-5									
<b>^G.A.M.E. Camp</b>	7-11									
Kamp I Direct	6-13									
<b>^S.T.E.A.M. Ahead</b>	8-13									
<b>^Super Skills</b>	6-11									

Ilderton (no early/after care)	4 -12									Not Available
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**PAYMENT METHODS ACCEPTED:** Online - VISA and MasterCard (credit, debit/credit) • In-Person - Exact cash, debit, debit/credit (VISA, MasterCard)

## Child/Youth Participant Code of Conduct

I, \_\_\_\_\_, hereby agree to the following rules and  
(Name of the child/youth)

guidelines. I, \_\_\_\_\_, as the parent/guardian of above named child/youth, hereby agree that I understand and accept the rules and guidelines of BGC London (the Boys & Girls Club of London or the Club) and understand and accept the consequences for my child/youth if they breach the Code of Conduct.

1. I will listen and show respect to the Club staff, volunteers and my peers.
2. I will be fair, kind and will include everyone.
3. I will use good manners and appropriate language: swearing, cultural or sexual slurs/comments/jokes will not be tolerated.
4. I will respect Club property and equipment, and will help to keep the Club clean.
5. I will be responsible for my own belongings.
6. I will follow Club rules.
7. I am responsible for my own choices and actions – thinking before I act or react.
8. I will come prepared, dressed appropriately, and ready to actively participate in Club programs.
9. I will stay in the Club program and with staff until it is time to go home.
10. I will express my thoughts and feelings to the Club staff so that they can support me.
11. I will behave in a manner that reflects favourably on me and my group, as I am an Ambassador of the Club.

**I understand that failure to comply with the Code of Conduct may result in a behavioural contract, suspension or expulsion from BGC London.**

\_\_\_\_\_  
Signature of Child/Youth Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## BGC LONDON (BOYS & GIRLS CLUB OF LONDON) – SUMMER CAMP

### RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

**BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

**PLEASE READ CAREFULLY!**

INITIAL

<b>Name</b>	Last	First	Phone
<b>Address</b>	Street		
	City	E-mail	Birth date
	Postal Code	Parent	Phone
	Medical Condition which may impact my ability to take part in activities (see below)	List:  None _____ (initial)	

**TO: Boys & Girls Club of London and the Boys & Girls Club of London Foundation** (together the “**BGCL**”) and their directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the “**Releasees**”).

**COVID – 19** COVID-19 is a contagious disease (“**Covid**”). We care about you, your family, our employees and the public. We strive to obey the law and follow Covid guidelines and implement all risk mitigation measures. However there are significant health risks and high risk of transmission through physical or shared contact. COVID-19 is novel and, because it can be transmitted through physical or shared contact with another person, the risk of contraction from engaging in sport activities may be foreseeable.

### ASSUMPTION OF RISKS

I am aware that the activities at the **BGCL** programs involve risks and dangers that may cause serious injury and even death, and loss or damage to personal property. These risks are inherent in the activities and cannot be eliminated without altering their character and value. The risks include, among others, the following: contracting Covid; moving about the BGCL premises; negligence on the part of myself and/or other participants; negligence of the BGCL and its staff, including the improper use of equipment; the breakage and failure of equipment and structures; over exertion, together with other risks which may be encountered and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

The **BGCL** programs are designed for use by participants of average strength, mobility and fitness who are in good health. Several medical conditions, including but not limited to obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or joint and muscular-skeletal problems may impair the safety and well being of participants as may other medical, physical, psychological or psychiatric problems. All such medical conditions may increase the risk of participating in the programs and cause the participant to be a danger to themselves or others. Participants with underlying medical, physical, psychological or psychiatric conditions must evaluate their condition and their ability before choosing to participate in the programs. All participants must inform BGCL in writing of any such medical, physical, psychological or psychiatric conditions before participating in any programs. The Releasees reserve the right to prevent any person, for medical or safety reasons, from participating in the programs at any time.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE BGCL PROGRAMS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees permitting my use of the BGCL PROGRAMS and other facilities at the BGCL (hereinafter referred to as “the BGCL Facilities”), I hereby agree as follows:

- TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the **RELEASEES**, and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from either my use of or my presence at or on the BGCL Facilities DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE UNDER THE **OCCUPIERS LIABILITY ACT**, RSO 1990, c.02 ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the BGCL facilities.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of parent or Guardian if participant is under 18 years

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print participant's name clearly

\_\_\_\_\_  
Please print witness name clearly

All of our camps include outdoor activities and out trips each week (weather permitting), and swimming at the Club!

Camps with a \* are specialty camps with unique programming; the fee is higher than other camps.

### Adventure Ready (Ages 6 to 13)

A combination of indoor and outdoor activities. From fishing to creative arts, sports and more, campers will get ready, set, go for adventure!

### All Stars (Ages 6 to 13)

Sports and active games that are suitable for all abilities and interests!

### Camp-A-Saurus & Explorers (Ages 4 to 5)

Active games, interactive/sensory activities and music are just a sample of what campers will experience. Make new friends and learn new skills!

There is no difference between the camps Camp-a-saurus and Explorers. Both offer the same experiences for camp participants but in a smaller group setting.

### Camp Discover (Ages 12 to 15)

Youth will learn, play and grow with peers through a variety of tasks, initiatives and learning opportunities.

### Creative Arts (Ages 6 to 9)

Let your creativity and imagination run wild! This camp explores a variety of different creative arts and music.

### \*G.A.M.E. Camp (Ages 7 to 11)

**Games And Media Exploration Camp** is the program emphasizing new gaming experiences!

Discover new games and dig into old classics while developing cooperation skills, problem solving skills and sportsmanship.

### Kamp I Direct (Ages 6 to 13)

This camp allows children to choose some of their activities for part of the day. At the start of the day, a morning and an afternoon stream of three activities are scheduled and children can sign up for the options provided.

### \*S.T.E.A.M. Ahead (Ages 8 to 13)

Embrace your curiosity, get ready to try hands-on experiment and learn!



Explore scientific myths, get messy, make things bubble and possibly go bang, safely.

### Super Skills (Ages 6 to 11)

Social Skills are fun, interactive, and an inclusive way for children to learn about themselves. Suitable camp for children who may have anxiety and struggle with large groups.

### Ilderton, ON (Ages 4 to 12)

This camp is based at the Ilderton Community Centre and Arena. Participants enjoy a variety of games, crafts, and other fun activities with weekly themes such as Science, Olympics and Carnival!

One day each week, the camp travels to BGC London for swimming and other activities.

No extended care sessions are available at this location. Camp is not offered on Week 9 (August 26 to 30).