

Jacks Urban Jungle Excursion Form



Please fill out **one form per child.**

Forms must be completed by the child's legal parent/guardian.

Return completed forms:

- By e-mail: sara@gildasclubsm.org
- By fax: 705-726-7101
- Or in person at our Clubhouse: 10 Quarry Ridge Road, Barrie ON

Registration

I wish to enroll my child (name) _____ in the Jacks Urban Jungle Excursion. I understand **drop off is at 10:00am on Monday March 15, 2020; and pick up is 12:00pm at Jacks Urban Jungle, 204 Mapleview Dr West, Unit 8, Barrie ON.**

Authorized Pick-up

Please fill out the full name and phone number of all parties who may be authorized to pick-up your child. *Your child will not be permitted to leave Gilda's Club Simcoe Muskoka with a person who is not listed on the authorized pick-up.*

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Signature of parent/guardian

Date

PERMISSION TO CONTACT EMERGENCY CONTACT OR EMERGENCY MEDICAL SERVICE PROVIDER:

I understand that in the case of an emergency, Gilda’s Club Simcoe Muskoka may need to contact my child’s emergency contact person, or call 911 in the case of a medical emergency. I give permission to Gilda’s Club Simcoe Muskoka to do so.

CHILD MEMBER’S PARTICIPATION IN NOOGIELAND:

I understand and agree that:

Participation in recreational and physical training activities at Gilda’s Club Simcoe Muskoka is entirely voluntary, and is not a required condition of my child’s Membership, notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of Gilda’s Club Simcoe Muskoka:

The Cancer Support Community and its affiliates, including Gilda’s Club Simcoe Muskoka (collectively referred to as “Gilda’s Clubs”), make no representation as to suitability of any recreational and/or physical activity relative to my child’s physical condition and abilities, or the suitability or adequacy of any premises, facilities, equipment, or instruction used in connection with such activities;

I have been advised to consult my child’s physician, or other healthcare professional, before their participating in any physical activities and to follow my child’s physician’s, or other healthcare professional’s advice with respect to such activities;

Any recreational or physical training activity involves some risk of injury, whether apparent or not, and by allowing my child to participate in any such activity I assume all risks, known or unknown, whether foreseeable or not:

In consideration of Gilda’s Club Simcoe Muskoka’s assent to the use of its premises and/or facilities for non-employment related recreational and physical training activities, I release Gilda’s Club Simcoe Muskoka of any and all liability for any injury or damages resulting from or incurred in connection with my child’s participation in any recreational and/or physical training program except to the extent that such injury or damages are caused by gross negligence on the part of Gilda’s Club Simcoe Muskoka, and I agree to indemnify and hold Gilda’s Club Simcoe Muskoka harmless with respect to any claim arising from any intentional or negligent conduct on mine or my child’s part.

Signature

Date

Name of person in child’s life who is a registered Gilda’s Club Member, and relationship to child (or note if the child is a registered Member themselves)



Photo & Publicity Release 2020

Without consideration, I consent and give permission to Gilda's Club Simcoe Muskoka to print information about my child and/or to use a photograph(s) of my child and/or to use video of my child for presentation, advertising or publication in any manner.

I waive the opportunity and right to inspect or approve any such information, photograph(s) and/or video tape or any use to which it might be put.

I release Gilda's Club Simcoe Muskoka, its directors, employees, agents and those acting under its authority, from all claims and liabilities of any kind arising out of or in connection with the use of information, photograph(s), and/or video tape, and further agree to hold Gilda's Club Simcoe Muskoka harmless from any and all liability, of whatever nature, which at any time may arise out of or result from any of the foregoing uses.

Please note that this excursion will also include all participating children being displayed on the Jumbo-Tron. If you are not comfortable with your child being displayed on the Jumbo-Tron, it is not recommended that your child participate in this excursion.

I, _____, give permission for photos of my child, _____,
(Parent or Guardian's name) (Child's name)

to be taken at Gilda's Club Simcoe Muskoka during the 2019 calendar year to be used in the following manner:

YES

- **For use in and around the Clubhouse (to be posted in Noogieland and/or on the Clubhouse display boards and screens).**
- **For use in Gilda's Club Simcoe Muskoka and Cancer Support Community newsletters, outreach and fundraising publications, and/or website.**
- **For use in television or news publications.**

OR

NO

- **I do not wish to have my child's picture taken or to be used in any of the forums listed above.**

Signature

Date



Gilda's Club Simcoe Muskoka
Medication and Treatment Form 2019

CHILDS NAME: _____ **Date:** _____

Date of Birth: _____ **Gender:** _____

Allergies: _____

Please read the following statements and sign where applicable in agreement:

1. I understand that it is the responsibility of the parent/guardian to inform staff of any changes in medication or treatment.
2. I understand that it is the responsibility of the parent/guardian to inform staff of any medications given to the child prior to their arrival at the Clubhouse.
3. I release Gilda's Club Simcoe Muskoka and its employees from any liability, however caused, arising out of administering, or failure to administer, the medication provided herein.
4. I understand that in order to provide a safe Kamp environment, this information may be shared with Gilda's Club Simcoe Muskoka staff and other professional personnel in case of an emergency.
5. I understand that I will be contacted when any attempt at administering medication or treatment is required or in the event that emergency care is required.

By signing this consent you are agreeing to all of the above statements and agreeing to the transmission and/or use of the medical information you have provided for the purposes described above.

Signature of Parent/Guardian: _____

Printed Name: _____ **Date:** _____

Staff Witness: _____

Medication and Treatment Information

Medication Name (s): _____

Expiry Date (s): _____ **Dosage (d):** _____

Description: Liquid _____ Inhalant _____ Other _____

Storage Instructions: _____

Administration Instructions: _____

Date	Time	Reason	Staff	Parent