





**Aquatics (No admittance to the pool area will be permitted without the presence of a life guard)**

- a. Injuries related to slips, trips and falls;
- b. Injuries related to collisions with movable (e.g. other swimmers) or immovable (e.g. pool wall) objects;
- c. Injuries related to equipment malfunction or becoming tangled in apparatus (e.g. buoy line);
- d. Hypothermia due to remaining in cool/cold water too long;
- e. Psychological injury due to anxiety or embarrassment (e.g. re: body size or shape)
- f. Drowning or near drowning;
- g. Head or spinal injury related to diving into shallow water;
- h. Other risks normally associated with participation in the activity and environment.

**Equine (Horse) Activities (Helmets are mandatory for participation in Equine activities)**

- a. Injuries related to falling or being thrown off the horse or a horse falling with its rider;
- b. Injuries related to colliding with another rider in the group or with a fixed object (e.g. fence)
- c. Injuries related to being struck by a vehicle (if riding on/or along or crossing roads)
- d. Injuries related to a being dragged by a horse due to entrapment in a stirrup or rein;
- e. Injuries related to poorly fitting or improperly adjusted equipment or equipment malfunction;
- f. Other risks normally associated with participation in the activity and environment.

**Trampoline (Only 1 girl will be permitted on the tramp at any time with a minimum of one adult spotter)**

- a. Injuries related to trips, slips and falls;
- b. Injuries related to collision with fixed objects or people;
- c. Injuries caused by stepping on or falling on equipment;
- d. Injuries caused by items that have fallen from or were dropped by my child or another participant;
- e. Injuries related to sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers;
- f. Serious injuries to the head, back, or neck;
- g. Injuries arising out of the negligence of or otherwise caused by other participants or my child;
- h. Other risks normally associated with participation in the activity and environment.

**Craft Activities**

- a. Skin, respiratory and/or eye irritations caused by use of markers, pens, pencils, adhesives, etc.;
- b. Irritations cause by sniffing or placing markers, pencils, adhesives in the mouth.
- c. Other risks normally associated with participation in the activity and environment.

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

1. I freely and voluntarily assume the risks/hazards inherent in the camp weekend and understand and acknowledge that my child may suffer personal and potentially serious injury arising from her participation.
2. My child has been informed that she is to abide by the rules and regulations, including directions and instructions from the G.E.M.S Counselors over all phases of the weekend program/activity.
3. In the event my child fails to abide by these rules and regulations, disciplinary action may require her exclusion from further participation, or that I will be contacted to have her picked up, unless I have specified other transport arrangements. I will be responsible for any costs associated.
4. I acknowledge that it is my duty to advise the Head Counselor, Faye Schoenit, of any medical/health concerns of my child that may affect her participation.
5. I acknowledge that the G.E.M.S Counselors may choose to cancel the GEMS Camp entirely or various planned activities if conditions are deemed unsafe (e.g., weather, health advisory). I accept that the G.E.M.S Counselors will not be liable for any costs associated with such a cancellation.
6. Should illness or accident occur, and immediate surgical or medical attention be necessary, I give my permission for the GEMS counselors in charge, or designate, to make arrangements for qualified medical attention for my child in the event of an emergency without my prior approval. I understand that we will be notified by the quickest means possible if this authority is exercised. I acknowledge that I shall be financially responsible for such services.



**PLEASE SUBMIT THIS PORTION OF THE FORM ALONG WITH THE WEBB HOLIDAY ACRES WAIVER FORM TO THE G.E.M.S. HEAD COUNSELOR FAYE SCHOENIT. THIS WILL BE CONSIDERED AS THE REGISTRATION FORM.**

**PARENTAL/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK**

I have thoroughly read the GEMS Camp participation and activity information sheet and understand that my child

(Name of Girl) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

will be involved in the aforementioned activities from **7:00 pm - Friday, May 24, 2019 – 1:00 pm - Sunday, May 26, 2019** at the **Webb Holiday Acres, Aldergove, BC:**

I understand the different levels of risk associated with each of the activities and the potential consequences of participating in them. I also understand the inherent risks associated with participating in these activities. I have discussed these risks with my child, and I elect to have my child voluntarily participate in these activities.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_  
*(Please Print)*

**Date:** \_\_\_\_\_

**OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION**

(Write below or attach a separate page if more space is needed)

BC Medical Services Plan Personal Health No.: \_\_\_\_\_

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:  
\_\_\_\_\_  
\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No Carries Ana Kit?  Yes  No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:  
\_\_\_\_\_  
\_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:  
\_\_\_\_\_  
\_\_\_\_\_

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):  
\_\_\_\_\_  
\_\_\_\_\_

Other Health/Medical/Dietary Concerns:  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_