

EFry SUMMER DAY CAMP 2025

CAREGIVER INFORMATION

Session 1: Juniors (6-11 years)

July 7th to July 11th

8:30AM- 3:30PM Monday-Friday

Session 2: Seniors (12-17 years)

July 14th to July 18th

8:30AM- 3:30PM Monday-Friday

Session 3: Juniors (6-11 years)

July 21st to July 25th

8:30AM- 3:30PM Monday-Friday

Session 4: Seniors (12-17 years)

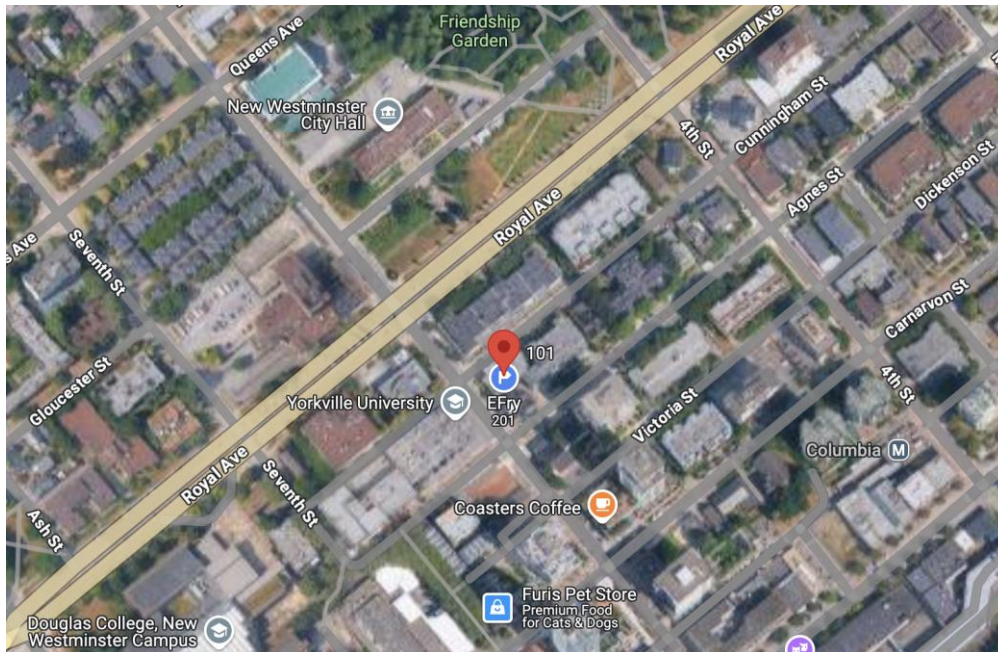
July 28th to August 1st

8:30AM- 3:30PM Monday-Friday

Drop Off/Pick Up Location:

EFry Head Office Building

#101-93, Sixth Street, New Westminster, BC V3L 2Z8



EVERY DAY:

8:30AM DROP OFF

3:30PM PICK UP

We will use the Head Office as the drop off and pick up location for camp

- **Please have your children ready to go and get there on time.** Each day is packed full of fun, so we want to get going as early as possible. We have breakfast snacks for hungry tummies if it's too early to eat before you leave, and we will ensure they are fed before we start the day
- **Lunch and snacks will be provided throughout the day**
- We know you would like to meet your child directly, however for safety reasons, we ask you to **please wait until your child is signed in and out with the Camp Leads before leaving them or leaving with them**
- **Authorizing someone else to pick up your child:** At registration you will be asked to identify who will pick up your child. If it is someone other than yourself, you must complete a form authorizing who that will be. Staff will not release a child to anyone not designated. If you are going to be late picking up your child, call the **Camp Lead on 778-554-6134**, or **Kirsty on 604-785-9965**

PLEASE DO NOT SEND YOUR CHILD TO CAMP WHEN THEY ARE SICK.

If your child is not able to fully participate in the program due to health reasons, please do not send them to Camp!

PLEASE ADVISE US IF YOUR CHILD CANNOT ATTEND

If your child is ill or cannot attend due to other commitments call the **Camp Leads or JustKids Supervisor Kirsty Gordon**, by 7:30 am on the morning of camp and let them know your son or daughter will not be attending Camp.

IF THE UNFORESEEN HAPPENS

Activities, games and special events are planned with safety in mind and are always supervised. All Camp Counselors have current First Aid and CPR Certification. Should something other than a minor scratch or cut occur we will contact you at the number you provided when registering your child. As necessary we will use the closest nearby hospital. (For activities in New West, the Royal Columbian Hospital, on outings or field trips, the closest available).

CAMP LIST – What to bring and wear

Equipment:

- Water Bottle
- Backpack if possible
- 1 hat
- Swimsuit (daily)

Clothing:

- 1 water repellent outer layer
- 1 T-shirt
- 1 pair of shorts or pants
- 1 pair of durable running shoes

Personal care items:

- Sunscreen: minimum SPF 30

**IF YOU ARE UNABLE TO OBTAIN ANY OF THE ABOVE ITEMS FOR YOUR CHILD,
Call Kirsty on (604) 785-9965. We can assist you with the necessary items.**

WHAT CANNOT GO TO CAMP:

We have two rules that govern what we don't accept at camp - things that are illegal or unsafe and things that are electronic or expensive. For clarity we list examples – (We will collect them from your child if found - and return them to you when your child is picked up from camp)

- Things that could be a weapon (like pocket knives or hatchets), and anything else that are unsafe like matches, lighters, tobacco, marijuana, non-prescription drugs, and illegal substances like alcohol.
- Anything that plugs in- includes video games or toys, portable radios, iPods, or laptops.
- Camp is a NUT FREE ZONE. For the safety of all, please don't send your child to camp with food items – beyond meals there are lots of snacks and treats available to ensure everyone is full.

We cannot be responsible for any items that go missing from your child's care.



The Elizabeth Fry Society of Greater Vancouver

JUSTKIDS BLUE SKY SUMMER DAY CAMP

2025 REGISTRATION PACKAGE

Single Child Registration (One Registration Set Per Child)

Please check below which session you would like your child to attend:

☐ **SESSION 1:** Juniors (6-11 yrs)
July 7th to 11th

☐ **SESSION 2:** Seniors (12-17 yrs)
July 14th to July 18th

☐ **SESSION 3:** Juniors (6-11 yrs)
July 21st to July 25th

☐ **SESSION 4:** Seniors (12-17 yrs)
July 28th to August 1st

Childs Information (Please print clearly):

Legal Name

Last: _____ First: _____ Middle: _____

Preferred Name

Last: _____ First: _____ Middle: _____

Birthdate dd/mm/yy: ____/____/____

Gender: ☐ Male ☐ Female ☐ Non-binary

BC Health Care Number: _____

Has the child been affected by their **birth family's** involvement in the Criminal Justice System?

☐ Yes ☐ No

Birth family member involved in the Criminal Justice System

☐ Mother ☐ Father ☐ Sibling ☐ Uncle/Aunt ☐ Grandparent ☐ Other: _____

Parents/Guardians:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Relationship: _____

Relationship: _____

Child lives with:

☐ Both parents ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian/s ☐ Other: _____

Legal Guardianship/Custody:

☐ Joint ☐ Mother ☐ Father ☐ Grandparents ☐ MCFD ☐ Other: _____

Address:

Home/Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Cell Number: _____ Home Number: _____

Email: _____

Alternate Pick-Up Authorization:

In the event that I/We have to pick up my/our child from Summer Camp, they have our permission to leave with the following individual(s):

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Photo Release:

☐ **Yes**, I give permission to the EFry Summer Camp to include my child in photos taken by camp staff. I understand these photos may be used for promotional purposes (ie. EFry website, reports, brochures etc.) but no names will be used.

☐ **No**, I do not give permission to the EFry Summer Camp to include my child in photos taken by camp staff.

By signing below, I attest to the truthfulness of all information listed on this registration form and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



The Elizabeth Fry Society of Greater Vancouver
JUSTKIDS BLUE SKY DAY CAMP PROGRAM
2025 REGISTRATION PACKAGE

CHILD HEALTH FORM

1. Emergency Contact Information

*Please list in order at least 2 people who should be contacted in case of emergency – be sure to include Parents/Guardians

1st Contact

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2nd Contact

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

3rd Contact

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

4th Contact

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2. Dietary Information

☐ Vegetarian ☐ Vegan ☐ Lactose Intolerant ☐ Gluten Free ☐ Other: _____

Please specify any other Dietary information

3. Allergies:

Please be specific when completing the information requested below

Allergy types includes; Food, drug, insect, environmental, ect.

Allergen: Please be specific ie. Bee sting, Red cedar trees

Type & severity of reaction: Indicate if life threatening

Management/treatment/medication: How can staff best manage an allergic reaction including any treatment and medication required

Allergy type:

Allergen:

Type & severity of reaction:

Management/treatment/medication:

Date of last reaction:

Allergy type:

Allergen:

Type & severity of reaction:

Management/treatment/medication:

Date of last reaction:

Allergy type:

Allergen:

Type & severity of reaction:

Management/treatment/medication:

Date of last reaction:

Allergy type:

Allergen:

Type & severity of reaction:

Management/treatment/medication:

Date of last reaction:

Does your child carry an Epinephrine/EpiPen? ☐ Yes ☐ No

Does your child know how to self-inject the Epinephrine/EpiPen? ☐ Yes ☐ No

4. Asthma

Does your child suffer from Asthma? ☐ Yes ☐ No

If **Yes**, indicate severity ☐ Mild ☐ Moderate ☐ Severe

What are the triggers for an attack?

Does your child carry an inhaler? ☐ Yes ☐ No

5. Level of Swimming

☐ Dependent/Requires Life Jacket

☐ Semi-independent/Requires Supervision

☐ Independent/Swims Independently

6. Medications

Is your child currently on any medication (prescribed or homeopathic)? ☐ Yes ☐ No

If **Yes**, please complete and sign **EFry Blue Sky Camp Medication Release Form** identifying medication.

7. Health History

Please Check **(v)** if your child has had, or double check **(vv)** if your child is currently subject to any of the following:

<input type="checkbox"/> <input type="checkbox"/> Chicken pox	<input type="checkbox"/> <input type="checkbox"/> Strains/Sprains	<input type="checkbox"/> <input type="checkbox"/> Frequent Stomach Aches	<input type="checkbox"/> <input type="checkbox"/> Ear Trouble
<input type="checkbox"/> <input type="checkbox"/> Measles	<input type="checkbox"/> <input type="checkbox"/> Appendicitis	<input type="checkbox"/> <input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> <input type="checkbox"/> Eye Trouble
<input type="checkbox"/> <input type="checkbox"/> Mumps	<input type="checkbox"/> <input type="checkbox"/> Tonsillitis	<input type="checkbox"/> <input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> <input type="checkbox"/> Nosebleeds
<input type="checkbox"/> <input type="checkbox"/> Hepatitis	<input type="checkbox"/> <input type="checkbox"/> Migraines	<input type="checkbox"/> <input type="checkbox"/> Fainting/Dizziness	<input type="checkbox"/> <input type="checkbox"/> Frequent Cold
<input type="checkbox"/> <input type="checkbox"/> Toothaches	<input type="checkbox"/> <input type="checkbox"/> Heart Condition	<input type="checkbox"/> <input type="checkbox"/> Mononucleosis	<input type="checkbox"/> <input type="checkbox"/> Sinus Trouble
<input type="checkbox"/> <input type="checkbox"/> Fractures	<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> <input type="checkbox"/> Whooping Cough	<input type="checkbox"/> <input type="checkbox"/> Lice
<input type="checkbox"/> <input type="checkbox"/> Other			

If your child has or had any of the above, please give details.

Does it affect their ability to participate in activities? If so, how?

8. Recent Health Concerns

Has your child experienced any recent hospitalizations, operations, serious illnesses/injuries or infectious diseases? ☐ Yes ☐ No

If **Yes**, please give date and details.

9. Concerns/Comments

Is there anything else you feel is important that we should know about your child in relation to their participation in the Summer Camp Day Program?

By signing below, I attest to the truthfulness of all information listed on this health form and agree to all the above terms and conditions. I also acknowledge that I will notify the camp if there are any changes to my child's health, or if he/she is exposed to any communicable diseases.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



The Elizabeth Fry Society of Greater Vancouver

JUSTKIDS BLUE SKY DAY CAMP PROGRAM

2025 PERMISSION SLIP

JustKids Permission Slip

I (Print Name) _____, as the legal guardian of the child

(Print Childs Name) _____, give permission for them to attend the

Blue Sky Day Camp in Surrey operated by the Elizabeth Fry Society of Greater Vancouver during session:

☐ **SESSION 1:** Juniors (6-11 yrs)
July 7th to 11th

☐ **SESSION 2:** Seniors (12-17 yrs)
July 14th to July 18th

☐ **SESSION 3:** Juniors (6-11 yrs)
July 21st to July 25th

☐ **SESSION 4:** Seniors (12-17 yrs)
July 28th to August 1st

Legal Guardian (Signature)

Name and Title of Legal Guardian (Please print)

Date of Signature



The Elizabeth Fry Society of Greater Vancouver

JUSTKIDS BLUE SKY DAY CAMP PROGRAM

2025 WAIVER SINGLE CHILD

ASSUMPTION OF RISKS, WAIVER AND INDEMNITY AGREEMENT

Child Participant: _____

I, _____, the parent or guardian of the above-named child ("My Child"), am aware that attending the Elizabeth Fry Society of Greater Vancouver Blue Sky Day Camp Program (the "Camp") involves many risks and dangers. I understand that known and unknown risks and dangers associated with My Child's participation in this Camp may result in personal injury, death, property damage or loss. I understand as well that personal injury, death, property damage or loss may be caused or contributed to by the negligence or carelessness of others.

In consideration of the Elizabeth Fry Society of Greater Vancouver allowing My Child's participation in the Camp I agree, on behalf of MY Child, My Child's next of kin, myself, my heirs, agents, assigns, personal representatives and next of kin, that:

1. **I ASSUME, ON BEHALF OF MYSELF AND MY CHILD, WITHOUT LIMITATION, ALL RISKS AND DANGERS** associated with My Child's presence at and participation in the Camp.
2. **I ASSUME FULL RESPONSIBILITY** for ensuring that My Child understands the rules and safe practices associated with the Camp and any Camp activities, and for My Child's personal safety.
3. **I WAIVE ANY AND ALL CLAIMS ON BEHALF OF MYSELF AND MY CHILD** against the Camp, the Elizabeth Fry Society of Greater Vancouver and its directors, officers, employees, agents and representatives (all of whom are collectively referred to elsewhere in this document as the "Camp") arising from or connected with, directly or indirectly, My Child's presence at the Camp or participation in any activity associated with the Camp.
4. **I RELEASE** the Camp, on behalf of myself and My Child, from any and all liability for any loss, damage, injury or expense that I, My Child, or My Child's next of kin, may suffer or incur, due to any cause whatsoever, by reason of My Child's presence at the Camp or participation in any Camp activity, **INCLUDING NEGLIGENCE ON THE PART OF THE CAMP, OTHER PARTICIPANTS OR ANYONE ELSE.**
5. **I WILL INDEMNIFY AND HOLD HARMLESS** the Camp from any and all liability for loss, damage, injury or expense incurred by myself, My Child, or anyone else in connection with My Child's presence at the Camp or participation in any Camp activities.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE ON MY CHILD'S BEHALF OR IN MY PERSONAL CAPACITY.

I UNDERSTAND THAT THE CAMP IS RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS IN ACCEPTING MY CHILD'S PARTICIPATION IN THE CAMP.

Date: _____ Signature: _____



The Elizabeth Fry Society of Greater Vancouver

JUSTKIDS BLUE SKY DAY CAMP PROGRAM

2025 MEDICATION RELEASE FORM

EFry Blue Sky Summer Camp MEDICATION RELEASE FORM

EFry Blue Sky Summer Camp Medication Procedure: Camp Counselors will not be responsible for the administration of medication. If your child is on prescribed medication from a physician, the child must be able to self-administer the appropriate dosage and the Counselor will observe/supervise this process. Medication MUST be stored in its original container with the name of the prescribing physician, dosage, expiry date and child's name, clearly labeled and readable by Camp staff. In case of a life-threatening situation where a child carries medication such as an Epi-Pen or asthma inhaler, should the child be unable to administer the dosage, staff will assist with administering the medication. If your child carries an inhaler or epinephrine pen Camp staff must be notified in writing and your child must know how to self-administer these specific types of medication.

Child's Information

Child's Name: _____

Child's Birthdate: _____ Child's Age: _____

MEDICATION INFORMATION (Please fill out Date as dd/mm/yy)

Name of Medication:		
Prescribing Doctor:	Date Filled:	Expiry Date:
Dosage/Directions:		

Name of Medication:		
Prescribing Doctor:	Date Filled:	Expiry Date:
Dosage/Directions:		

Name of Medication:		
Prescribing Doctor:	Date Filled:	Expiry Date:

Dosage/Directions:

Name of Medication:		
Prescribing Doctor:	Date Filled:	Expiry Date:
Dosage/Directions:		

Name of Medication:		
Prescribing Doctor:	Date Filled:	Expiry Date:
Dosage/Directions:		

Parent/Guardian Signature: _____

Print Full Name: _____

Date: _____ **Day Telephone #:** _____