

PORTAGE REGIONAL RECREATION AUTHORITY INC.

Stride Place 245 Royal Road South

Mailing:
c/o P.O. Box 1059 Portage La Prairie, MB R1N 3C5
Phone: 204-857-PRRA (7772) Fax: 204-239-1520 info@prra.ca



2020 PRRA Summer Day Camp

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Week 1 – Sports | (July 6-10) | <input type="checkbox"/> Week 2 – Disney | (July 13-17) |
| <input type="checkbox"/> Week 3 – Water Week | (July 20-24) | <input type="checkbox"/> Week 4 – Game Show Mania | (July 27-31) |
| <input type="checkbox"/> Week 5 – Arts N’ Crafts | (Aug 4-7) | <input type="checkbox"/> Week 6 – Super Spy Week | (Aug 10-14) |
| <input type="checkbox"/> Week 7 – Mad Science | (Aug 17-21) | <input type="checkbox"/> Week 8 – Spirit Week | (Aug 24-28) |

Name _____ Male Female

Address _____ Postal Code _____

Home Phone _____ Birth Date _____

Father (Guardian)'s Name: _____ Work/Cell Phone: _____

Mother (Guardian)'s Name: _____ Work/Cell Phone: _____

Email: _____

Emergency Contact

Name: _____ Relationship _____ Phone _____

Manitoba Health Number: (6 digits) |_|_|_|_|_|_| PIN (9 digits) |_|_|_|_|_|_|_|_|_|

Medical Information: Family Doctor _____ Phone: _____

Does your child have any allergies/medical conditions (name them) _____

Is he/she taking any medication? No Yes, Name of medication (eg. Epi-pen) _____

*If your child requires medication during the day please speak to the Recreation Manager.

List Any Physical/Emotional/Behavioral Issues that may impact your child’s experience:

Child Release:

Child can leave on their own. No Yes

Pick up by whom: _____ Phone _____

I am aware children will only be released into the custody of parents/guardians & those listed above unless I notify the Management.

_____ parent/guardian initial

Pictures

I hereby give my child permission to be photographed by the Portage Regional Recreation Authority Inc. staff and hereby understand that such photographs become the property of the Portage Regional Recreation Authority Inc. may be used for the purpose of future promotional material deemed necessary and/or relevant to our day program.

Yes No _____ parent/guardian initial

Refund Policy

A refund may be given for medical reasons only at the sole discretion of the PRRA (a doctor's note will be required). Refunds will be issued 2-4 weeks following the refund request and will be issued in the form of a cheque or program credit. Approved refunds will be charged a \$10.00 administration fee.

RELEASE AND WAIVER AGREEMENT

THIS FORM MUST BE READ AND SIGNED BY EVERY PARENT/GUARDIAN OF A PARTICIPATING CHILD

- 1) I agree that neither I or my child will enter Stride Place as part of the day camp program should we develop flu like symptoms of any kind
- 2) Should I or my child become infected with Covid-19, I will notify Stride Place and will not enter the facility for a minimum of 14 days. Before returning to Day Camp I will provide evidence that I have been medically cleared of Covid-19.
- 3) I have familiarized myself with the rules that the PRRA has put in place and agree to comply with them all, including social distancing, drop off/ pick-ups, etc.
- 4) I acknowledge the contagious nature of Covid-19, and voluntarily assume the risk that I may be exposed to or infected by Covid-19 while participating in activities at Stride Place, that could result in personal injury, permanent disability and death. I will not hold the PRRA or any of its staff responsible should I be exposed to Covid-19 or incur any personal injury while at Stride Place.
- 5) Participants enrolled/registered in the PRRA Day Camp program at the Portage Regional Recreation Authority Inc. must, always, abide by the guidelines and regulations set forth by the program. The Portage Regional Recreation Authority Inc. will not be held responsible for injuries, accidents, sickness, or loss of property, which may result from participation in the program.
- 6) In consideration to the Portage Regional Recreation Authority Inc. allowing the participant to use the facilities involved within the program, I hereby acknowledge that the participant and I are aware of the risks that are associated with or related to the use of the facilities.
- 7) Recreational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. Following are examples of the types of injury which may result from participating in the PRRA Day Camp In Service Day program. There may also be risk of other types of injury.
 - a. Subject to moderate physical activity such as sport and special events that may include equipment.
 - b. Subject to pool and water access.

The risk of sustaining injuries results from the nature of the activity and can occur without fault of the child, or the Portage Regional Recreation Authority Inc., its employees/agents, or the facility where the activity is taking place. By choosing to have your child take part in these activities, you are accepting the risk that your child may be injured and bear responsibility for the injury that may occur.

The chance of an injury occurring can always be reduced by carefully following instructions while engaged in the activity.

In consideration to the above, I hereby give my permission for,

Please Print

the registered child/youth, named in this registration ("my child"), to participate in the PRRA's Day Camp Program and I agree to hold harmless the Portage Regional Recreation Authority Inc., its agents and employees, from any and all claims and actions arising as a result of his or her participation in the program.

Acknowledgement

I have read this release and understand that in participating in the PRRA Day Camp In Service Day Program at the Portage Regional Recreation Authority Inc., I assume the risks associated with doing so.

Parent/Guardian Signature

Please Print

Date

Paid: **Debit** ____

Cash ____

Credit Card ____

Extra Notes:

