

CAMPS PARENTAL / GUARDIAN CONSENT FORM - ASSUMPTION OF RISK

PARTICIPANT

Participant's Surname (Last name) _____ First name _____ Middle Initial(s) _____ Male Female Birth date (dd/mm/yy) _____

Address _____ City _____ Province _____ Country _____ Postal code (ZIP Code) _____

MEDICAL INFORMATION

BC care card # OR out of province health # _____ Travel Insurance Policy Provider _____ (Insurance information and a copy of the Travel Insurance Policy must be provided prior to camp start date)

Medical alerts/allergies/medications _____

Parent/guardian: Last name _____ First name _____ Cell phone _____ Other phone _____ Email _____

Emergency/authorized to pick-up: Last name _____ First name _____ Cell phone _____ Other phone _____

Additional pick-up authorization: Last name _____ First name _____ Cell phone _____ Other phone _____

Family Doctor Name _____ Phone _____ Family Dentist Name _____ Phone _____

PARENT / GUARDIAN CONSENT

I, _____ hereby grant _____ permission to participate in Simon Fraser University (SFU) Camps Programs.
(Parent/guardian first and last name) (Child's first and last name)

I further consent to the following:

1. SFU Camps Program reserves the right to refuse further participation to any participant for rule infractions. I understand the Cancellation and Refund Policy as noted.
 2. I hold Simon Fraser University harmless and am aware of inherent risks of these camp programs. My child is of a suitable fitness level to participate in these programs. If I require more information about the risks of the program(s) to which my child is registered, I can contact the person in charge of these programs through SFU's Department of Athletics and Recreation.
 3. In the event of an accident or injury, I authorize Simon Fraser University to provide or cause to be provided such medical services as University personnel consider appropriate.
 4. Should my child require assistance I give permission to the SFU Camp staff to apply sunscreen.
- By signing here, you are agreeing to the above statements.

Signature of Parent/Guardian _____ Date _____ Relationship to participant _____

PICK-UP & DROP-OFF

Participants under 12 years of age must be signed out by an authorized person. Participants 12 years of age and older may be given sign out privileges. Indicate your choice at registration.

By initiating this box, I give Simon Fraser University my consent to take photographs or videos of my child and reproduce such photographs or videos for use in University promotional materials or publications.

The information on this form is collected under the authority of the University Act (R.S.B.C. 1996, c. 468, s. 27(4)(a)). It is related directly to and needed by the University to administer and operate the Camps Program including registration, payment of camp fees and obtaining parental consent. The participant's BC Care Card number and relevant medical history is needed in the event of an accident or injury. The information will be used to register camp participants, receive camp fee payments and issue refunds, apply parental consent and facilitate the provision of medical services in the event of an accident or injury to a camp participant. If you have any questions about this information and use of this information please contact the Camps Registration Office, Athletics and Recreation, 5th Floor, Fraser University, 8888 University St., Burnaby, BC, V5A 1S6, 778-782-4945. Email: camps@sfu.ca.