

G.E.M.S ACTIVITY CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

- 1. Please read the contents of this Consent and Acknowledgement of Risk form.
- 2. Clarify any questions or concerns with the GEMS Head Counselor, Faye Schoenit, BEFORE signing it.
- 3. The LAST PAGE of this Consent Form must be submitted to Faye Schoenit in order for your daughter TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: G.E.M.S Camp - Webb's Holiday Acres - Aldergrove, BC

Activities include: Swimming, Gym Time, Outdoor Sports, Horseback Riding, Trampoline, Craft Time, and Team Building Games

DATE: 7:00 pm - Friday, May 22, 2015 - 1:00 pm - Sunday, May 24, 2015

PURPOSE: To develop relationships with one another and grow deeper in Christ through various group and team building activities.

METHOD OF TRANSPORTATION: Parents are expected to drop off and pick up at Webb's Holiday Acres

TEAM LEADER: Faye Schoenit TOTAL NO. OF SUPERVISORS PLANNED: 1 adult per 4 girls

COST: \$100 (minus individual fundraising contribution)

PERSONAL SUPPLIES: Helmet (mandatory for equine (horse) activities), personal toiletries and appropriate clothing for all activities.

GEMS Program Organizers and Staff RESPONSIBILITIES

The G.E.M.S Ministry of Willoughby Church will make every reasonable effort to ensure or ascertain that:

- a. The counselor/girl participants are adequately supervised over all aspects of the overnight activities.
- b. The location(s) used are appropriate and safe for the activity(ies) and group.
- c. A Safety Plan is in place to identify and manage known potential risks.
- d. An Emergency Plan is in place to deal with an injury or illness to any of the students.
- e. A Life Guard is present for all pool activities (Saturday only)

POTENTIAL KNOWN RISKS

General Potential Known Risks include the following:

- a. Injuries related to the demands of all the outdoor and indoor activities and/or lack of activity skill;
- b. All risks associated with exercise, physical exertion and physical activities.
- c. Injuries related to slips, trips and falls.
- d. Affects related to (possible) sleep deprivation related to the activities and environment.
- e. Allergic reactions to natural substances/toxins in the outdoor environment (bee, wasp and nettle stings, etc.);
- f. Allergic reactions to food related substances;
- g. Becoming lost or separated from the group or the group becoming split up;
- h. Hypothermia/hyperthermia due to insufficient clothing and/or hydration;
- i. Injuries due to my child's own physical or mental condition or any medical condition she may have whether known or unknown;
- j. Injuries due to physical contact with others, including the risk of contracting illness or coming into contact with germs, bacteria or fungi whether by contact with equipment or with another participant;
- k. Other risks normally associated with participation in the camp activities and environment.

Team Building Activities Know Potential Risks:

 Risks normally associated with participation in the activity and environment. Most team building activities and trust activities are rather novel and unique and each will have one or more inherent risks so a complete listing is not possible.

Gym Activities and other Wide Games (Capture the Flag, The Animal Game, etc.) Known Potential Risks:

- a. Becoming lost or separated from the group or the group becoming split up.
- b. Injuries related to slips, trips and falls.
- c. Injuries related to collisions with movable (e.g., other students) or immovable (e.g. tree, posts) objects.
- Other risks normally associated with participation in the activity and environment.



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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;
- 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 (2 girls will be permitted on the tramp at one 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 our 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.



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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

	PARENTAL/GUARDIAN CONSEN	I AND ACKNOWLEDGEWI	ENT OF HISK	
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 a 2015 at the Webb I	forementioned activities from 7:00 Holiday Acres, Aldergove, BC:	pm - Friday, May 22, 20	15 – 1:00 pm - Sunday, May 24,	
participating in them.	nt levels of risk associated with eac I also understand the inherent risks with my child and I elect to have n	s associated with particing	pating in these activities. I have	
Parent/Guardian Name :	(Please Print)	Signature		
Date:				
	E EMERGENCY MEDICAL INFOR separate page if more space is nee			
BC Medical Services Plan	Personal Health No.:			
Allergies (e.g., specific drug	gs, certain foods, insect stings, hay feve	er) Specify:		
Reaction(s) to above?				
Carries Epi pen? ☐ Yes ☐	l No Carries Ana Kit? ☐ Yes ☐ N	o		
Medical/physical conditions or surgery, chronic conditions	s that may affect participation in the statens, phobias, etc.). Be specific:	ed program/activity (e.g., re	cent illness or injury, recent hospitalization	
Specify the condition(s) and	d requirements for program modification	n or specific activities your c	hild should not participate in:	
Medication(s) taken at this	time (name, reason, dosage, storage, p	potential side effects/treatme	ent of such):	
Other Health/Medical/Dieta	ry Concerns:			
Emergency Contacts:				
1)	Phone: (H)	(W)	(C)	
2)	Phone: (H)	(W)	(C)	