



## 2018 Summer Day Camp

Thank you for enrolling your child in our Summer Day Camp program. We hope that your child will enjoy the time that they spend with us. Please take the time to read the following

Camp hours: Monday – Friday from 9:00 am to 5:00 pm  
Pre and Post Camp care is provided at no extra cost from 7:30 to 9:00 am  
and from 5:00 to 6:00 pm  
Day Camp is for elementary school aged children ages 4+  
Children are divided into age appropriate groups  
Children 12 + may qualify to be Junior Leaders



**Weekly Fee: Single child – \$100.00, Each additional child – \$50.00**  
**Daily Rate: \$25.00 per child      Program Fee Includes all daytrips.**

Registration forms they must be filled out completely before your child can be registered into the program.

### Payment Schedule

First week of summer camp is payable at the time of registration by cash or bank transfer. Subsequent weeks are due according to the schedule below. A send money request, will be sent to you via Interac.

Week of	Due Date
July 02	date of registration
July 09	July 02
July 16	July 09
July 23	July 16
July 30	July 23
August 06	July 30
August 13	August 06
August 20	August 13
August 27	August 20

The Boys and Girls Club will be closed Monday August 6  
Weekly rates still apply.

**Cancellation Policy**  
Written notice must be provided **One Week** prior to a cancellation. A **cancellation fee of \$50 per child** will be applied to each week for which written notice is not received



## The Boys and Girls Club of Sarnia-Lambton

A **Medical Form** must be filled out for each child participating in any of the Boys and Girls Club of Sarnia-Lambton Programs. A copy of your child's most recent immunization record and a current photo is also required. Please indicate the following on the back of the photograph.

Age   Height   Weight   Eye Colour   Hair Colour   Other (braces, scars, freckles etc.)

Parents/Guardians must sign their child in and out of the program.

**Consent Forms** for trips are usually distributed on Monday's, please check with staff to make sure that you receive one, it is important in terms of scheduling transportation etc. that the forms be returned to us by the day indicated. We, also, ask that you provide your child with a disposable lunch on those days.



Each child must bring a hat, towel, bathing suit, sun block and a water bottle. If they will be leaving those items at the club, please bring them in a bag and clearly mark their name on it.

To minimize risk of injury all children must;

WEAR SOCKS AND FULL RUNNING SHOES AT ALL TIMES.

If you have any questions or concerns, please speak to;

Lisa Lanouette, Program Coordinator: Telephone: 519.337.3651

Email: [llanouette@bgcsarnia.com](mailto:llanouette@bgcsarnia.com)

Diane MacLeod, Executive Director: Telephone: 519.337.3651

Email: [dmacleod@bgcsarnia.com](mailto:dmacleod@bgcsarnia.com)



# The Boys and Girls Club of Sarnia-Lambton 2018 Day Camp Registration Form

(Please complete a separate form for each child you wish to register)

## Participant Information

Child's Name: \_\_\_\_\_  
 DOB (MM/DD/YYYY) \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Child lives with: \_\_\_\_\_

**If there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders, please speak to our Program Coordinator**

## Primary Pickup and Emergency Contact

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Cell: \_\_\_\_\_ email address: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

## Secondary Pickup and Emergency Contact

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_ email address: \_\_\_\_\_

## Any Other Persons Authorized to Pick up Your Child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Password: \_\_\_\_\_ **Important: Give ONLY to persons picking up your child**  
**Please ensure that anyone picking up your child is aware that they will have to show photo ID**

## Please Select Required Weeks

Jul 02	Jul 09	Jul 16	Jul 23	Jul 30
Aug 06	Aug 13	Aug 20	Aug 27	

## Registration Agreement:

I understand that I am responsible for payment for each week that my child is enrolled in the Day Camp as per the schedule provided to me with the enrollment package. I understand that the Boys and Girls Club of Sarnia-Lambton does not prorate for holidays or days that my child does not attend. **YES**

I give consent for my child to be transported by the Boys and Girls Club of Sarnia-Lambton for Field Trips or emergency care. **YES**

I have read and agree to abide by the terms in the Parent Handbook and Client Code of Conduct **YES**

I have provided a copy of my child's most recent immunization records **YES**

I have provided a recent photo of my child **YES**

I give consent for my child to be photographed, videotaped and/or interviewed for promotional use by the Boys and Girls Club of Sarnia-Lambton. I further understand that publication or use may occur in any media including newspapers, magazines, television, brochures, pamphlets, instructional material, books, internet, web pages and educational material **YES NO**

Signature: \_\_\_\_\_

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



**BOYS AND GIRLS CLUB OF SARNIA-LAMBTON**  
180 College Avenue North, Sarnia, ON, N7T 7X2

### **Release of Liability**

In registering \_\_\_\_\_ to attend The Boys and Girls Club of Sarnia-Lambton (BGCS) Summer Day Camp I, the undersigned parent/guardian or other duly authorized party, hereby agree as follows:

1. To permit my child to participate in the full range of BGCS activities and authorize the BGCS Staff, in the event of accident, injury or illness affecting the above named child to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as may seem essential for the care and well-being of the said child. Such action is to be taken only when immediate contact with the undersigned cannot be made.
2. Having investigated the activities and resources of the Club to my satisfaction, I understand that due care and attention will be given to the safety of all participants including my child or ward, but that the Club, its officers and directors, staff and volunteers cannot be held liable for any injury or loss, howsoever caused, and I release the Club, its officers and directors, staff and volunteers on behalf of my child or ward, from any liability and from all claims arising, directly or indirectly, from participation by my child or ward in Club activities. I further understand that the Club reserves the right to remove my child or ward from the program if the Club deems it necessary to ensure the safety and well-being of other participants

\_\_\_\_\_  
Parent Guardian Signature

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





The Boys and Girls Club of Sarnia-Lambton  
Medical Form 2018- 2019

Please complete a separate form for each child that you are registering

**Participant Information**

Child's Name: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ (lbs)

Health Card Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Medical Information**

Does any of the following apply to your child?

ADHD      OCD      Bipolar      Special Needs: \_\_\_\_\_

Is your child subject to any of the following:

		Please provide details
Motion sickness		
Headaches		
Fainting		
Cramping		
Ear Problems		
Other:		

Date of last Tetanus shot (MM/YY) \_\_\_\_\_

Is your child currently taking any medication ? Yes

**Administration of Medication:**

*Medication must be provided in original container, be properly labeled, and be picked up at the end of each day.  
Please advise staff of changes regarding medication*

Medication Name	Dosage	Time of Dosage	Purpose	Instructions on how medication is to be administered



The Boys and Girls Club of Sarnia-Lambton  
Medical Form 2017-2018

**ALLERGIES**

Carries an EpiPen: Yes      Carries an Inhaler: Yes

	Yes	Please provide details
Seasonal:		
Food:		
Drugs:		
Insect:		
Other:		

If an allergic reaction occurs, does the staff have your permission to administer treatment?  
Yes

As an additional precaution do you want The Club to post a Medical Alert form in our program areas?  
Yes (please see Program Coordinator for details)

The undersigned does give consent to \_\_\_\_\_ to participate in, the following programs at The Boys and Girls Club of Sarnia-Lambton (please initial and date)

- After School Program
- Drop-in Centre
- Summer Day Camp

Initial	Date

The undersigned authorizes the Boys and Girls Club of Sarnia-Lambton to obtain medical attention and hospitalization for the above named and does not hold The Boys and Girls Club of Sarnia-Lambton liable for any accident, injury, loss, theft or damage under reasonable and safe conditions.

**Immunization Record**

I have provided a copy of my child's most recent immunization records.      Yes \_\_\_\_\_  
(please initial)

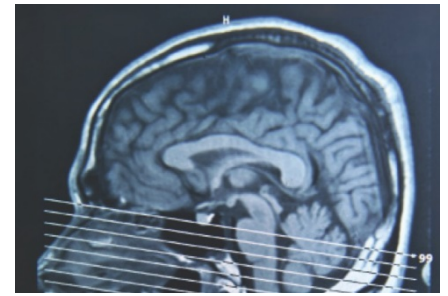
**Concussion Policy**

I have been provided with, and reviewed, a copy of Concussion Basics and Return to Play Guidelines  
Yes \_\_\_\_\_ (please initial)

Parent/Guardian Signature \_\_\_\_\_

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

# CONCUSSION: THE BASIC



## What is a concussion?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans or MRIs. Any blow to the head, face or neck, or a blow to the body that jars the head, could cause a concussion.

## What are the signs and symptoms of a concussion?

Symptoms of a concussion can appear immediately or a few days after the impact. Concussions can appear as a variety of symptoms, and each person might experience concussion in a different way. It is typical to experience one or more of the following symptoms:

### PHYSICAL



- Dizziness
- Nausea or vomiting
- "Pressure in the head"
- Headache
- Balance problems
- Sensitivity to light
- Neck pain
- Seizure or convulsion
- Blurred vision
- Loss of consciousness

### COGNITIVE



- Sensitivity to noise
- Feeling slowed down
- Fatigue or low energy
- Difficulty remembering
- Confusion
- Drowsiness
- Difficulty concentrating
- Amnesia

### EMOTIONAL



- Irritability
- Nervous or anxious
- More emotional
- Feeling like in a "fog"
- "Don't feel right"
- Sadness

### SLEEP



- Insomnia – unable to sleep
- Poor sleep quality
- Sleeping too much

## What should I do if I suspect a concussion?

Anyone with a suspected concussion should be checked out by a medical doctor.

**If any red flag symptoms are present, get medical help immediately.** If the person is unconscious, call an ambulance. Do not move the person or remove any equipment, such as a helmet, in case of a spine injury.

### RED FLAGS



- Person complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling / burning in arms or legs

## How long does a concussion last?

The symptoms of a concussion often start to improve within 10-14 days, but may last longer. In some cases, it can take weeks or months to heal. If you have had a concussion before, you may take longer to heal the next time.

## How is a concussion treated?

Care for a concussion can involve a variety of treatments and a team of health professionals, depending on the symptoms and how a person's condition improves. Common recommendations would include rest in the early days, followed by a gradual return to activity under the supervision of a medical professional.

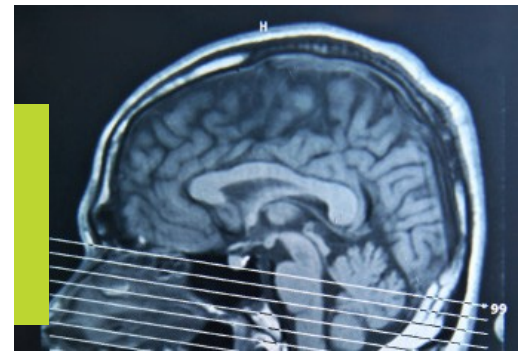
## Where can I get more information?

Parachute has resources to learn about concussion prevention, recognition, and management. Visit our website [parachutecanada.org/concussion](http://parachutecanada.org/concussion) or download the [Concussion Ed App](#) for information on the go.



## After a Concussion Guidelines for

# RETURN TO PLAY



A CONCUSSION is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a **minimum of one day** but could last longer, depending on the player and his or her specific situation.

If symptoms reappear at any stage, go back to the previous stage until symptom-free for at least 24 hours.

### STEP 1: No physical/sporting activity.

Complete the *Return to Learn* protocol before beginning the *Return to Play* process. Refrain from participating in any sporting and physical activities. Only indulge in activities that do not worsen symptoms. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise return to play process.

### STEP 2: Light aerobic exercise.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

**Symptoms?** Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

**No symptoms?** Proceed to Step 3 the next day.

### STEP 3: Sport specific activities.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

**Symptoms?** Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

**No symptoms?** Proceed to Step 4 the next day.

### STEP 4: Begin Drills without body contact.

**Symptoms?** Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

**No symptoms?** The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

### STEP 5: "On Field" practice with body contact, once cleared by a doctor.

**Symptoms?** Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

**No symptoms?** Proceed to Step 6 the next day.

### STEP 6: Game play.

## NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

**A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.**

## HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. **The only way to heal a brain is to rest it.**

## HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor may be required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit [www.casem-acmse.org](http://www.casem-acmse.org) for more information. You can also refer your doctor to [parachutecanada.org](http://parachutecanada.org) for more information.

## WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

## WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!