



North Island Métis (NIMA)
Room A124 – 740 Robron Road
Campbell River, B.C. V9W 6J7
250-287-7417 office@nimetis.com
www.nimetis.com

PARENT/GUARDIAN CONSENT FOR NORMAL RISK ACTIVITIES Form

Student name: _____

Parent(s)/Guardian(s) name: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Supervisor BEFORE signing it. If this form is not signed and returned, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION DESTINATION/ACTIVITY: **NIMA Spring Break Camp**

DATE(S): **March 18th-28th, 2024** START: **9:00AM** END: **2:30PM**

ITINERARY/ACTIVITIES (INITIAL BESIDE EACH ACTIVITY):

- March 18th-28th, 2024 - Transportation to and from camp each day (if needed)**
- March 19th, 2024 - Swimming at Strathcona Gardens 10:30-12:00 (bring swimsuit)**
- March 20th, 2024 - Bowling at CR Bowling 10:00-11:45**
- March 21st, 2024 - Skating at Strathcona Gardens 10:30-12:00 (bring helmet)**
- March 22nd, 2024 - Rotary Beach Park 10:00-12:45**
- March 25th, 2024 - Neighborhood walk 1:00-1:30**
- March 23rd, 2024 - Robron Pickleball Court 12:45-2:00**
- March 28th, 2024 - Beaverlodge Trails 12:30-2:00**

METHOD OF TRANSPORTATION: **Van** Driver: **Lisa-Marie Szonyi**

SUPERVISOR: **Mara Kersey**

WHAT TO BRING: **Weather appropriate clothing, swimsuit (for swim day), helmet (for skate day), water bottle. Snacks and lunches will be provided.**

ALLERGIES AND CONSIDERATIONS: _____



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NIMA will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over the program/activity.
- c. The location(s) used are appropriate for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

CONSENT AND ACKNOWLEDGEMENT OF RISK Destination/Program/Activity(ies):

- 1. I acknowledge my right to obtain as much information as I require about this program or activity(ies) and associated risks and hazards, including information beyond that provided to me by NIMA.
- 2. I freely and voluntarily assume the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child/ward may suffer personal and potentially serious injury arising from his/her participation.
- 3. My child/ward has been informed that he/she is to abide by the rules and regulations, including directions and instructions from NIMA staff over all phases of the program/activity(ies).
- 4. In the event my child/ward fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements. I assume all related costs.
- 5. I acknowledge that it is my responsibility to advise the Supervisor of any medical and/or health concerns of my child/ward that may affect his/her participation in the stated program or activity(ies).
- 6. I consent that NIMA, through its employees, agents and officers, may secure such emergency medical advice and services as they deem necessary for my child/ward's health and safety, and that I shall be financially responsible for any costs related to such advice and services.

Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____

(Date of Birth) _____ has my permission to participate.

Name (Please print): _____

Signature: _____ Date: _____

Emergency Contact Numbers: Home _____ Cell _____