

# In-person Summer Day Camp Registration Form



ROUGE VALLEY CONSERVATION CENTRE

ROUGE VALLEY FOUNDATION

1749 Meadowvale Road, Toronto, ON M1B 5W8  
416-282-8265 | info@rvcc.ca | www.rvcc.ca

To register, please fill out this form completely and...

Email your completed form to [education@rvcc.ca](mailto:education@rvcc.ca) Payment can be made by **e-transfer** to [info@rvcc.ca](mailto:info@rvcc.ca)

OR

Mail your completed form and cheque to Rouge Valley Conservation Centre, 1749 Meadowvale Road, Toronto, Ontario M1B 5W8. Cheques should be made payable to "Rouge Valley Foundation".

## 1ST CHILD'S INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female  Other

I am registering my child for the following in-person camp week(s) :

July 26 - 30  August 3-6  Aug 9 - 13

Aug 16-20  Aug 24-28

## 2ND CHILD'S INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female  Other

I am registering my child for the following in-person camp week(s) :

July 26 - 30  August 3-6  Aug 9 - 13

Aug 16-20  Aug 24-28

## MEDICAL INFORMATION:

Family Doctor:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

## 1ST CHILD'S INFORMATION:

Medical Restrictions:

\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

## 2ND CHILD'S INFORMATION:

Medical Restrictions:

\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

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## DROP OFF AND PICK UP:

### Persons authorized to pick up and/or drop off camper:

Full Name:

Full Name:

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Phone #:

Phone #:

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Relationship to camper:

Relationship to camper:

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## METHOD OF PAYMENT:

### Method of Payment:

- e-transfer** (email e-transfer to info@rvcc.ca; make sure to email any passwords that may be required in order to deposit funds)
- Cheque** (Please make your cheque payable to "Rouge Valley Foundation")

**A 50% downpayment is required with your registration. The balance is due on your child's first day at camp.**

**Cost:** \$300/child/week, \$270/additional sibling/week

**Amount Paid:** \_\_\_\_\_

For families who are in financial need, please send us an email at education@rvcc.ca to discuss financial assistance.

Thanks to TD Friends of the Environment for supporting our programs.

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## FAMILY INFORMATION:

This section must be COMPLETED IN FULL with your current information. If your information changes during the program, please provide your updated information to us in writing by email at [education@rvcc.ca](mailto:education@rvcc.ca)

Parents  Guardians

Parent/Guardian 1:  Mr.  Mrs.  Ms.  Dr.

Last Name:

\_\_\_\_\_

First Name:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Address:  Family  Parent 1  Parent 2

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## EMERGENCY CONTACTS:

Full Name:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Relationship to child(ren):

\_\_\_\_\_

Full Name:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Relationship to child(ren):

\_\_\_\_\_

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## COVID-19 PROGRAM GUIDELINES

To help reduce the spread of COVID-19 we are following public health measures and have created the following guidelines and ask that all participants please adhere to them. Although we are making efforts to increase health and safety we cannot guarantee that participants will not contract COVID-19 while at our programs. If you have any questions or concerns, please contact us at 416-282-8265 or education@rvcc.ca.

### Participant Health Screening

Parents are asked to pre-screen themselves and their children for COVID-19 symptoms before leaving home. **Go to <https://covid-19.ontario.ca/school-screening/>** and complete the online screening and email your results to us at **info@rvcc.ca** before you leave home. A printed copy of the assessment survey created by the Government of Ontario is attached for your reference. If you, your child or anyone in your household is sick, we ask that you remain at home and call us at 416-282-8265 to notify us. Staff will screen each participant before every program, upon arrival. **Names and contact information for all participants must be accurate and up to date.**

### Wearing Masks During Program

While our program will take place outside, participants of all ages (parents/caregivers and children) will be asked to wear a mask when physical distancing of 2m is difficult or if you have to go indoors. It is a good idea to bring extra masks in case one gets lost, dirty or wet during the program. While indoors, plastic face shields are not an acceptable substitute but can be used in addition to a face mask.

### Participant Code of Conduct

Each participant will be asked to agree to a code of conduct while at the program, including physical distancing, respiratory etiquette (cover your cough/sneeze) and frequent handwashing/hand sanitizing.

### Parent/Caregiver Drop off and Pick up

One adult (parent, grandparent, caregiver) must accompany each child to the designated sign in (drop off) and sign out (pick up) areas when dropping off or picking up a child. At this area parents/caregivers will complete the COVID screening questions with their child and drop off lunches and bags. If all staff are busy when you arrive, please stay by your car until a staff person becomes available so that we can avoid crowding. Children will be accompanied to and from their cohort by a staff person.

### Acceptance and Agreement

I/We acknowledge having read, understood, and agreed to all of the guidelines herein. I/We further acknowledge that I/we am/are agreeing to the terms of this document freely and voluntarily.

\_\_\_\_\_  
Date                      Name of Child 1 (please print)                      Name of Child 2 (please print)

\_\_\_\_\_  
Date                      Name of Parent/Guardian (please print)                      Signature of Parent/Guardian

\_\_\_\_\_  
Date                      Name of Witness (please print)                      Signature of Witness

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I/we hereby apply for registration for the herein named child(ren) for the camp weeks indicated in this application. In consideration of acceptance of this application by Rouge Valley Foundation, I/we hereby agree as follows:

- a. I/we agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property (e.g. hiking trails, stream, etc.).
- b. that the directors of the Rouge Valley Conservation Centre Summer Camp reserve the right to terminate the registration of any campers when it is deemed by the directors to be in the best interest of the child or the camp. In such an event it is understood a proportionate refund will be made.
- c. to pay 50% upon registration of my child and the balance on the first day of the program. NSF cheques are subject to \$30 service charge and certified funds will be required.
- d. to give camp officials authority to act on my behalf in case of emergency.
- e. to release and indemnify Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- f. to consent to the use by Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp of the camper's likeness for publicity purposes, including website. No camper names will be used in conjunction with the photos.

\_\_\_\_\_  
Date                      Name of Child 1 (please print)                      Name of Child 2 (please print)

\_\_\_\_\_  
Date                      Name of Parent/Guardian (please print)                      Signature of Parent/Guardian

\_\_\_\_\_  
Date                      Name of Witness (please print)                      Signature of Witness

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## **ROUGE VALLEY FOUNDATION WAIVER OF CLAIMS AND IDEMNITY Rouge Valley Conservation Centre Summer Day Camp**

In consideration of the acceptance of my child's application and permission to participate in the Rouge Valley Conservation Centre's Summer Day Camp, known hereafter as the RVCC Summer Day Camp, I for myself, my heirs, executors, administrators, successors and assigns hereby release, waiver and forever discharge the Rouge Valley Foundation, and all their employees, agents, servants and contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss, damage, to my person or property however caused, arising or to arise by reason of my child's participation in the said RVCC Summer Day Camp, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the RVCC Summer Day Camp and notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid.

I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child's participation in the said RVCC Summer Day Camp.

I acknowledge and have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that my child is physically fit to participate in the RVCC Summer Day Camp, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the RVCC Summer Day Camp, and that by not adhering to the rules and regulations, he/she may not only endanger himself/herself, but permission may or will be revoked and he/she will be asked to leave the premises.

IN WITNESS WHEREOF, this waiver and indemnity has been duly executed at

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(city, town) (day of month) (month) (year)

\_\_\_\_\_  
Date Name of Child 1 (please print) Name of Child 2 (please print)

\_\_\_\_\_  
Date Name of Parent/Guardian (please print) Signature of Parent/Guardian

\_\_\_\_\_  
Date Name of Witness (please print) Signature of Witness

# COVID-19 school and child care screening

Version 5: May 31, 2021

Students and children must screen for COVID-19 every day before going to school or child care. Parents/guardians can fill this out on behalf of a child.

Date (mm-dd-yyyy) \_\_\_\_\_

## Screening Questions

**1. In the last 14 days, has the student/child travelled outside of Canada?**  Yes  No  
*If exempt from federal quarantine requirements, select "No."*

**2. Has a doctor, health care provider, or public health unit told you that the student/child should currently be isolating (staying at home)?**  Yes  No  
*This can be because of an outbreak or contact tracing.*

**3. In the last 14 days, has the student/child been identified as a "close contact" of someone who currently has COVID-19?**  Yes  No

**4. In the last 14 days, has the student/child received a COVID Alert exposure notification on their cell phone?**  Yes  No  
*If they already went for a test and got a negative result, select "No."*

**5. Is the student/child currently experiencing any of these symptoms?**  
*Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.*

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**Fever and/or chills**  Yes  No  
 Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

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**Cough or barking cough (croup)**  Yes  No  
 Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)

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**Shortness of breath**  Yes  No  
 Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)

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**Decrease or loss of taste or smell**  Yes  No  
 Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have

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**Sore throat or difficulty swallowing**  Yes  No  
 Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)

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**Runny or stuffy/congested nose**  Yes  No  
 Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have

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<p><b>Headache</b></p> <p>Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have)</p> <p><b>If the student/child received a COVID-19 vaccination in the last 48 hours and is experiencing a mild headache that only began after vaccination, select "No."</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Nausea, vomiting and/or diarrhea</b></p> <p>Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Extreme tiredness or muscle aches</b></p> <p>Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have)</p> <p><b>If the student/child received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue and/or mild muscle aches/joint pain that only began after vaccination, select "No."</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 6. Is someone that the student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**  Yes    No
- If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

## Results of screening questions

- !** **If you answered "YES" to question 1 or 3 do not go to school or child care.**
- The student/child must self-isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
  - If you answered "YES" to question 1, follow the advice of public health. The student/child can return to school/child care after they are cleared by your local public health unit.
  - If you answered "YES" to question 3, talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test. The student/child can return to school/child care only after 14 days, even if they get a negative test result.
    - If you live in certain areas of the province, like Toronto or Peel, siblings and other people in your household must stay at home for 14 days. This is because of local risk factors.
    - If you live in other areas of Ontario, siblings and other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
  - If they develop symptoms or test positive, contact your local public health unit or doctor/health care provider for more advice.
  - Contact your school/child care provider to let them know about this result.
- !** **If you answered "YES" to question 2 do not go to school or child care.**
- The student/child must self-isolate (stay home) and not leave except for a medical emergency.
  - Follow the advice of public health. The student/child can return to school/child care after they are cleared by your local public health unit.
  - If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
  - If you live in certain areas of the province, like Toronto or Peel, siblings and other people in your household must stay at home. This is because of local risk factors.



- If you live in other areas of Ontario, siblings and other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
- Contact your school/child care provider to let them know about this result.



**If you answered "YES" to question 4 do not go to school or child care.**

- The student/child must self-isolate (stay home) and not leave except for a medical emergency.
- Visit an assessment centre to get them a COVID-19 test.
  - If they test negative (they do not have the virus), they can return to school/child care.
  - If they test positive (they have the virus), they can return only after they are cleared by your local public health unit.
- If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
- Siblings or other people in your household can go to school, child care or work, but must not leave the home for other, non-essential reasons until the individual who got the COVID alert tests negative, or is cleared by your local public health unit.
- Contact your school/child care provider to let them know about this result



**If you answered "YES" to any of the symptoms included under question 5 or question 6 do not go to school or child care.**

- The student/child must isolate (stay home) and not leave except to get tested or for a medical emergency.
- If you answered "YES" to question 5, talk with a doctor/health care provider to get advice or an assessment, including if the student/child need a COVID-19 test.
- If you answered "YES" to question 6, the student/child can return to school or child care after the individual gets a negative COVID-19 test result, or is cleared by your local public health unit, or is diagnosed with another illness.
- Siblings or other people in your household must stay at home until the student/child showing symptoms or individual tests negative, or is cleared by your public health unit, or is diagnosed with another illness.
- Contact your school/child care provider to let them know about this result.



**If you answered "NO" to all questions, your child may go to school/child care because they seem to be healthy and have not been exposed to COVID-19. Follow your school/child care provider's established process for letting staff know about this result (if applicable).**

If the student/child received a COVID-19 vaccination in the last 48 hours and has mild headache, fatigue, muscle aches and/or joint pain that only began after immunization, and no other symptoms, they are to wear a properly fitted mask for their entire time at school/child care. Their mask may only be removed to consume food or drink and they must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave school/child care immediately to self-isolate and seek COVID-19 testing. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave school/child care immediately to self-isolate and seek COVID-19 testing.

### Public Health Ontario – Contact Tracing

**Answering these questions is optional.** This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

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

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

Phone or Email: \_\_\_\_\_