

## COMMUNITY SCHOOLS PARTNERSHIP

### Play Day Program 2023

Community Schools Partnership is excited for another fun filled Play Day program! Play Days are single-day day camps that run on Pro-D Days for all Delta School District students from Kindergarten to Grade 7. Students engage in a variety of activities such as arts and crafts along with indoor/outdoor games throughout the day. This is an excellent opportunity for students to meet new people from different schools within the Delta School District during a fun day off from school!

#### Program Details:

**Location:** Seaquam Secondary School, 11584 Lyon Rd, Delta, BC V4E 2K4  
**Date:** Friday, October 20th, 2023  
**Time:** 9:00am to 3:00pm  
**Cost:** \$40.00

#### **Registration Process:**

We will be using Continuing Education to register the participants. Go online to <https://cimsweb.deltasd.bc.ca/publicconnect/DEEvents.aspx> (Search "Seaquam Secondary" under the locations tab)

Each camp has a set capacity – therefore, although there is no set deadline to return forms and payment, we are unable to accept students once we've reached our maximum.

*Activities include, but are not limited to:*

Arts and Crafts	Games
Cotton Ball Ghost Colouring Sheets Free Draw	Zombie Tag Musical Chairs Board Games

*All activities are subject to change.*

**Things to bring:** Children are expected to bring their own snack, lunch, and water bottle. We also suggest children to come with weather appropriate clothing in case the weather permits outdoor activities. Masks are encouraged but not necessary.

**Pick up and drop off will be at Seaquam Secondary School main entrance (address provided above)**

For more information, please contact Arshpreet Mander or Hemani Sharma  
 Email address: [armander@deltaschools.ca](mailto:armander@deltaschools.ca) or [hsharma@deltaschools.ca](mailto:hsharma@deltaschools.ca),

**\*\*\*Please have your child hand in the last two forms when they come on the Play Day\*\*\***

**COMMUNITY SCHOOLS PARTNERSHIP  
 REGISTRATION AND MEDICAL DISCLOSURE FORM**

**Seaquam Secondary Play Day October 20<sup>th</sup>**

Please complete this form and pay online.

**Student Information**

Name:	Grade:	Birth Date:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	
Swimming Ability (non-swimmer, fair, excellent):			

**Parent / Guardian Information**

Parent/Guardian's Name:		Email:	
Home Number:	Cell Number:	Work Number:	
Parent/Guardian's Name:		Email:	
Home Number:	Cell Number:	Work Number:	

**Medical Information**

B.C. MSP Health Number:		
Allergies: <i>(i.e. foods, insect stings, hay fever)</i>		
Reactions to allergies:		
Carries Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Physical conditions that may affect participation in the stated program/activity:		
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):		
Additional Comments: <i>(i.e. request for program modifications – can attach additional form if you need more space)</i>		

**Emergency Contact Information (Other than Parent/Guardian)**

Emergency Contact #1 Name:	Relationship:	Home Phone:	Cell Phone:
Emergency Contact #2 Name:	Relationship:	Home Phone:	Cell Phone:
Name of Physician:		Physician Phone Number:	

**Additional Information**

How will your child be getting home? i.e. walking alone, picked up by someone (name of person/people picking them up) \_\_\_\_\_

I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs.  Yes  No

**Acknowledgement of Consent and Risk**

Parent/ Guardian who is filling this form: I \_\_\_\_\_ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills. While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child 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 acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, \_\_\_\_\_ (Name of parent/guardian) give permission for \_\_\_\_\_ (Name of student) to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Parent/Guardian Name: \_\_\_\_\_

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

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

**Office Use Only:**

Reg. Confirmation: X \_\_\_\_\_ Date: \_\_\_\_\_ Photocopied  Input  Receipt   
Payment type: \_\_\_\_\_