

COMMUNITY SCHOOLS PARTNERSHIP

# Play Day

Ages: 5-12

Play Day is a single-day camp organized on Professional Days for all Delta School District students from Kindergarten to Grade 7. The day will consist of exciting arts and crafts activities and fun interactive gym games! Participants will have the opportunity to engage with children from around the district while making new friends and having a memorable and fun day off from school!

## Program Details:

**Location:** North Delta Secondary School  
**Address:** 11447 82 Avenue Delta, BC V4C 5J6  
**Date:** Friday, May 20<sup>th</sup>, 2022  
**Time:** 9:00am – 3:00pm  
**Cost:** \$40.00

## How to Register:

Head to [munchalunch.com](https://munchalunch.com) and register for this program under North Delta Secondary  
 Web address: <https://munchalunch.com/schools/ndss-programs>

Play Day activities may include, but are not limited to:

Arts and Crafts	Games
Frog Handprint Rainbow art Free draw	Capture the flag Octopus Board games

All activities are subject to change.

### **Please make sure to pack a snack, lunch and water bottle!**

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

For more information, please contact Arshpreet Mander or Hemani Sharma  
 Email addresses: [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\*\*\****

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

**North Delta Secondary School**

Please complete this form and submit payment

**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

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**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: \_\_\_\_\_

<b>Office Use Only:</b> Reg. Confirmation: X _____ Date: _____ <b>Photocopied</b> <input type="checkbox"/> <b>Input</b> <input type="checkbox"/> <b>Receipt</b> <input type="checkbox"/> Payment type: _____
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