



We would like to thank you all for your patience during these uncertain times. We have been given the go ahead to re-open for summer camp beginning July 13<sup>th</sup>. We are still waiting for stage 3 to be announced for the start of our regular programs. We will keep you updated.

Please read the following guidelines and protocols that are being implemented during this time:

**Accessing the Facility:**

- Parents/guardians will not be allowed to enter the building.
- Please make all payments over the phone or via e-transfer prior to the first day ([donna@genesishgymnastics.ca](mailto:donna@genesishgymnastics.ca)).
- Signs will be posted to indicate the entrance and exit.
- Entrance: Children will be greeted at the front door by staff and welcomed into the facility.
- Exit: Pick up will be at the door to the far right of the building. A staff member will help athletes exit and ensure a parent/guardian is there for pick up.
- Distancing markers will be set up outside of the facility while waiting to drop off and pick up. Parents are asked to wait outside of the building lined up with social distancing in mind and wait for assistance from a staff member.
- Parents will be required to fill out an athletes screening form daily. Forms will be provided at the end of each day and returned upon arrival of the following day. Screening forms are available on the website.
- Athletes are not allowed to enter the facility if a household member has had onset of illness with symptoms compatible with suspected COVID-19, or has been in contact with someone that has onset of illness/symptoms in the past 14 days.

**Camp Day Protocols for Athletes:**

- Please keep belongings to a minimum (one bag per child). Please ensure that belongings are packed in a bag that can be accessed and packed without assistance.
- Each athlete will have their own socially distanced cubby for all belongings.
- We ask all athletes to come dressed and ready to go, have a reusable pre-filled water bottle, lunch and snacks that can be opened without assistance, and have an extra outfit packed in case of emergencies.
- Hand sanitizer will be accessible throughout the facility, however, we also ask each child to bring their own.
- We ask all athletes to sanitize hands upon arrival, after every event, and before and after breaks.

**Staff and Cleaning Protocols:**

- All staff will be required to submit a self-screening assessment daily prior to entering the facility. Staff will be required to wear face masks.
- At this time, we will be limiting our camp to two groups. The groups, including coaches, will not intermingle and will have access to separate bathrooms.
- Markers have been set up at each station for social distancing.
- A designated person will be cleaning and sanitizing after each event.
- The gym will be fully cleaned daily. This includes mats, floors, counters, tables, and bathrooms (all touchable surfaces).

We are doing our best to ensure the safety of our staff, coaches, and athletes. Once again, we want to thank you for your patience throughout this time and we look forward to seeing you in the gym!

Kind Regards,

*DKatz*

Donna Katz  
Owner

Please sign and return to indicate that you have read and understand this document. If you have any questions, please don't hesitate to ask.

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

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

### COVID-19 Active Surveillance Form for Day Camps

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

Form to be completed daily for each child and staff

Week of: \_\_\_\_\_

Date (yyyy/mm/dd)	Name (LAST NAME, First Name)	Child (C), Staff (S)	1 Temperature of child or staff, measured daily at home before arrival at the day camp: greater than 37.8 C	3 Is your child or staff member experiencing any of the following symptoms? <small>Fever (&gt;37.8 C), Chills, cough that's NEW or worsening, barking cough (making squeaky or whistling noise when breathing) (croup), shortness of breath (out of breath, unable to breathe deeply), sore throat, difficulty swallowing, hoarse voice (more rough or harsh than normal), runny nose, stuffy or congested nose, lost sense of taste or smell, headache, digestive issues (nausea/vomiting, diarrhea, stomach pain), fatigue (lack of energy, tiredness), falling down more than usual, for young children: sluggishness or lack of appetite</small>	4 Has child/staff been identified as close contact of a confirmed case of COVID- 19 or someone who has been tested for COVID- 19?	5 Does anyone in child/staff household have any of the systems listed in question #3?	6 Has child/staff travelled outside Canada in the past 14 days?	Onset date of first symptom (yyyy/mm/dd)	Comments
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# SUMMER CAMP 2020

## Camp Hours and Rates:

	Hours	Weekly (5 Days)	Weekly (4 Days)	Daily
Full Day	9am - 4pm	\$225	\$180	\$50
Before Care	8am - 9am	-	-	\$15
After Care	4pm - 6pm	-	-	\$15/hour

Note: Rates do not include HST and Yearly \$35 Insurance/Registration Fee (Jan-Dec)

## Participant:

Participant Last Name: \_\_\_\_\_ Participant First Name: \_\_\_\_\_

Date of Birth: MM \_\_\_\_\_ DD \_\_\_\_\_ YR \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F

Special Needs/Allergies/Medications: \_\_\_\_\_

## Parent/Guardian & Emergency Contact:

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

	Dates	Full Day	M	T	W	T	F	Rate	BC/AC	Ins	Subtotal	Total	Paid
1	July 6 - 10 (5 days)	<input type="checkbox"/> Full											
2	July 13 - 17 (5 days)	<input type="checkbox"/> Full											
3	July 20- 24(5 days)	<input type="checkbox"/> Full											
4	July 27 - 31 (5 days)	<input type="checkbox"/> Full											
5	Aug 3 - Aug 7 (4 days)	<input type="checkbox"/> Full											
6	Aug 10- 14 (5 days)	<input type="checkbox"/> Full											
7	Aug 17 - 21 (5 days)	<input type="checkbox"/> Full											
8	Aug 24 - 28(5 Days)	<input type="checkbox"/> Full											

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Cvv \_\_\_\_\_ Debit \_\_\_\_\_ Ch# \_\_\_\_\_ Cash \_\_\_\_\_

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 donna@genesishgymnastics.ca • www.genesishgymnastics.ca  
 905-775-GYM1 (4961)

**READ BEFORE SIGNING**

**WARRANTY AND CONSENT OF PARENT/GUARDIAN**

**ASSUMPTION OF RISK  
RELEASE AND WAIVER OF LIABILITY  
INDEMNITY AGREEMENT**

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programme related events and activities of the

**I WARRANT TO YOU THAT:**

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this programme, and that his/her equipment is mechanically fit for his/ her use in this programme, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the programme.

**I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:**

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
printed name of parent/guardian

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
printed name of witness

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGE OF MINOR