



ELIZABETH SUTHERLAND SCHOOL
66 Rockingstone Road, Halifax, NS, B3R 2C9
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Kim Wilson, Principal

Emilie Tsirigotis, Vice Principal

Parents/Guardians,

As you know, we are preparing for our trip to the Tim Horton's Camp in Tatamagouche. This is an amazing opportunity for our Grade 8 students. The camp is offered at no charge to the students and is one of our most exciting school events. The students will be participating in group building, leadership and outdoor education. We are extremely excited to offer this 3 1/2 day opportunity to our students.

Our camp dates are September 26th -September 29th, 2016. This will offer our students a chance to strengthen their teams early in the school year and will also allow them to plan and implement a community service project.

Thank you to the parents who have already handed in the Tim Horton forms. This information helps us understand food restrictions/medical needs as well as to plan groupings. To help parents and students prepare for camp, a Tim Horton's Representative will be hosting an information session on **September 14th and 6pm** in our library. All parents and guardians are invited to attend.

All forms are due back to homeroom teachers by September 16th. If you have any questions about camp please contact me at etsirigotis@hrsb.ca or Caitlin Chisholm, one of the lead teachers, at caitlin.chisholm@hrsb.ca

Looking forward to seeing you at the meeting!

Emilie Tsirigotis
Vice Principal
Elizabeth Sutherland School



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Parent Permission Form

Event: Tim Horton's Camp
Grades: 8
Location: Tatamagouche, N.S.
Dates: Monday, September 26th (evening) to Thursday, September 30th
Times: School Departure: 4pm on Monday September 26th
Expected return: 2 pm on Thursday September 29th

Student Name _____

Parent/ Guardian name(s) _____

Parent / Guardian #'s _____

Emergency Contact _____

Emergency Contact #'s _____

Health Card # _____

Any allergies/ Health conditions _____

I give my son/daughter _____ permission to participate in the Tim Horton's Overnight Camp (2 nights+ 3 days)

All meals and accommodations are sponsored by the Tim Horton's Children's Camp Foundation.

_____/_____/_____
Signature of Parent/ Guardian D M Y

Consent Form

ELIZABETH SUTHERLAND SCHOOL

ATTENTION: This is a legal document. Please read carefully the contents of this consent form and clarify any concerns with the staff at the school organizing the event or the School Principal before signing each page.

It is important that this form is completed in its entirety, signed, and returned in order for your child to participate in this activity.

IN CONSIDERATION of Elizabeth Sutherland School offering my child, _____ an opportunity to participate in the activity described below on September 26th-29th, 2016, I hereby give and provide my consent, and acknowledge by my signature that my child may participate.

1. **ACTIVITY DESCRIPTION:** *[Describe the activity including: 1) time frame, 2) transportation arrangements, 3) required skills and competencies, 4) equipment & clothing required.]*

- *Students will travel Tim Horton's Camp in Tatamagouche for a three day trip, on buses provided by the Tim Horton's Foundation. Students will be participating in group building, leadership, and outdoor activities. Students should pack active wear and weather appropriate clothing for this trip.*

2. **ACTIVITY RISKS:** *[Teacher is to fill in risks that are highly probably but of low adversity and those of high adversity and low probability. Insert Activity and Risk Clause in bold. (See sample clauses.)]*

Potential risks:

- *We will be engaging in various outdoor activities. Students will be monitored by trained staff at the camp, but students should take caution as there are inherent risk of injuries such as tripping and falling with these activities.*

I am aware of the usual risks and danger involved in participation in this activity, including any specified above and of the possibility of personal injury, fatal injury, property damage or loss that may result.

3. **SUPERVISION:** *[Describe what levels of supervision will/will not be provided.]*

- *There will be seven chaperones to provide a 1:10 chaperone to student ratio. As well, there will be trained Tim Horton's camp staff on hand for any activities.*

4. **HEALTH AND MEDICAL TREATMENT:**

- My child does not have any illness, allergy, or disability that prevents his or her participation in this event
- My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability: _____

I have read and understood this page. Legal Guardian: _____

5. EQUIPMENT AND CLOTHING:

I will supply appropriate equipment and clothing for my child's participation in this activity as identified.

I acknowledge that it is the responsibility of me and my child to ensure that all necessary equipment and clothing is brought by my child to the event and acknowledge that my child may be prevented from participation if s/he does not have all necessary equipment and clothing.

6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:

My child and I understand that the school Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

7. RISK OF ACCIDENT:

Accidents can result from the nature of this activity and can occur with or without any fault on either the part of the student, school board or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I accept the risk of an accident and agree that this activity, as described above, is suitable for my child.

8. NON-PARTICIPATION IN THIS EVENT:

I understand that if I am not comfortable with my child participating in this activity that arrangements will be made for my child to remain at the school during school hours and my child will not be penalized for non-participation.

9. CONTACT INFORMATION:

Should the school need to contact me during this event:

Contact Number Valid for the Time of the Activity: _____

Alternative Contact Information: _____

10. CONSENT

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I am 19 years of age or older and I have carefully read the contents of this consent form and have clarified any concerns with the staff at the school organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

Name of Legal Guardian

Signature of Legal Guardian

Date



GETTING READY FOR CAMP

We are pleased to welcome your child to **CAMP** as part of the Year Round Group Program (YRG)!

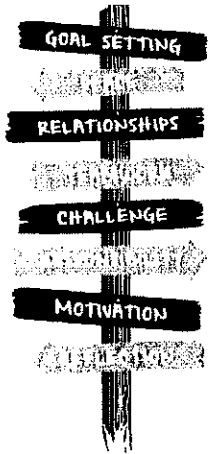
The YRG Program provides youth with one camp experiences within a year. It is designed around the Tim Horton Children's Foundation program values which is facilitated through achievement of our Great (GR8) Beads. These include: Goal Setting, Peace, Relationships, Teamwork, Challenge, Responsibility, Motivation and Reflection. Each camp experience develops life and leadership skills, supports group growth and connection, which provides the building blocks for youth engagement. It is our hope your child will transfer the skills, values, knowledge and attitudes developed at camp to their school, neighbourhood, home and community.



In order for your child to join us at camp, we need you to complete a couple of forms. Please see the schedule below for returning these important documents to your Group Coordinator (the person at your school/agency who gave this paperwork to you).

PARENT/GUARDIAN PACKAGE	DUE DATE
Informed Consent (for your child)	Return to your Group Coordinator ASAP
Medical Form (for your child)	Return to your Group Coordinator ASAP
Packing List	For you to keep!

We look forward to embarking on a camping adventure with your child!



**INFORMED CONSENT/PERMISSION FORM FOR
TIM HORTON CHILDREN'S FOUNDATION SCHOOL EXCURSIONS
(Students Under the age of Majority)
For use ONLY in the Province of Nova Scotia**

The Elizabeth Sutherland School is arranging a trip to Tim Horton Children's Camp on September 26th, 20th, 2016.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

The activities involved in the Visit may include, but are not necessarily limited to:

Low-energy activities such as: nature exploration; campfires; gardening; drama programs; pottery; arts & crafts; indoor games; classroom and computer activities

High-energy activities such as: fitness activities; hiking; indoor and outdoor sports; open recreation periods; field sports; mountain biking, ice skating, tobogganing, kick sledding, snowshoeing and special camp-wide games and events

Climbing activities involving heights such as: rock climbing; climbing towers; use of high and low ropes challenge courses; indoor wall-climbing and zip lines

Water activities such as swimming in oceans, lakes and pools; boating; canoeing, kayaking and sea-kayaking; sailing; tubing; knee-boarding; paddle boating; fishing and white water rafting

Target activities such as archery

Camping activities such as overnight outdoor camping trips; portaging and outdoor living skills

Farming and ranch activities such as horseback riding; caring for and feeding of farm animals

ELEMENTS OF RISK:

Educational activity programs offered by Tim Horton Children's Foundation, Inc. involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in the activities that this facility offers.

The Attendee's participation in the **Visit** and associated **transportation**, including each of the activities listed above and offered during the **Visit** involves a **risk of injury or death** and/or **damage to or loss of property**. Individuals taking part in the **Visit** and/or their parents/guardians must assume these **RISKS**. All of the **RISKS** cannot be listed on this Form, but may include:

Participating in the **Visit** and associated **transportation** may lead to **minor or serious bodily injury** to the head, neck, back, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal and/or neurological system;

injury to internal organs; and injury or impairment to other aspects of the body, general health, and well-being. Participating in the **Visit** may also lead to an impairment of the Attendee's future ability to study, work and earn a living; to engage in other business, social, personal, intimate and recreational activities; and generally to enjoy life.

Participating in the **Visit** and associated **transportation** may lead to Other Risks. Other Risks may include those associated with **limited availability of immediate medical assistance; and the possible conduct of other participants, whether or not it is negligent or reckless; and the contraction of a contagious illness or communicable disease.**

Participating in the **Visit** may lead to additional **risks not described above.**

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the Tim Horton Children's Foundation, Inc., its employees, agents, officers or directors of the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engage in the activity.

If you choose to participate in a trip to Tim Horton Children's Camp on September 26th-29th, 2016, you must understand that you bear responsibility for any injury that might occur.

The Tim Horton Children's Foundation, Inc., **do not** provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. You are encouraged to check with your school to determine if insurance is provided through your school board.

PHOTOGRAPHY

All photographs, film, video or other audio-visual recording taken of the Attendee by the Foundation or its agents shall be and remain the sole and exclusive property of the Foundation and may be stored, maintained, used, modified, published or broadcast in any medium now known or hereafter devised, without payment or compensation by any one or more of the following, namely, the Foundation, The TDL Group Corp., Tim Hortons Advertising and Promotion Fund (Canada) Inc., Tim Hortons USA Inc., The Tim's National Advertising Program, Inc., their affiliated or related entities, and their advertising and promotional agencies.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the Trip to Tim Horton Children's Camp to be held on or about September 26th-29th, 2016
(name of student)

Signature of Parent/Guardian: _____ Date: _____

Participant Information FORM

To be completed by each participant.
To be submitted by the Group Coordinator no less than 2 weeks before the trip.

PART 1: GENERAL INFORMATION

Name of Group/School: _____

Participant Name: _____

Participant Age: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone #: _____

Email Address: _____

PART 2: MEDICAL INFORMATION

Please note: It is the responsibility of the group to administer routine medications to all participants.

Does the participant have an allergy? Yes No If yes, Is it an anaphylactic allergy? Yes No

If yes, please list allergies and what triggers a reaction:

Is the participant bringing an Epi-Pen? Yes No

Does the participant have any dietary requirements? (check all that apply):

Lactose Intolerant Vegetarian Gluten Intolerant Other (vegan, no pork, etc.): _____

Please Note: We accommodate special dietary requests. However our camps are nut aware and cannot guarantee a nut free environment.

If you would like to discuss your food allergy, please contact the Food Service Manager at the camp.

PACKING LIST

FALL/WINTER – VISIT # 1

- Warm coat, hat/toque, 1-2 pairs of mittens/gloves, snowpants or windpants, scarf, and boots
- 2-3 short sleeved shirts
- 1-2 long sleeved shirts
- 1-2 warm sweaters or sweatshirts
- 2-3 pair of long pants
- 3 pair of underwear
- 3-5 pairs of socks
- 1 pair of pajamas
- 1 pair of indoor shoes or slippers
- 2 towels and 1 facecloth
- Toiletries: deodorant, toothbrush, toothpaste, soap, shampoo, hair brush
- Optional: long underwear, second pair of outdoor footwear, disposable camera, musical instrument, sunglasses, writing materials, water bottle, sunscreen, flashlight with batteries

SPRING – VISIT # 2

- 2-3 short sleeved shirts
- 1 warm sweater or sweatshirt
- 2 pairs of shorts
- 1-2 pair of long pants
- 3 pair of underwear
- 3 pairs of socks
- 1 pair of pajamas
- 1 hat (sun protection)
- 1 lightweight jacket (preferably waterproof)
- 1 extra pair of outdoor shoes
- 1 pair of indoor shoes or slippers
- 2 towels and 1 facecloth
- Toiletries: deodorant, toothbrush, toothpaste, soap, shampoo, face cloth(s) hair brush
- Optional: disposable camera, musical instrument, sunglasses, writing materials, water bottle, sunscreen, flashlight with batteries, bug repellent.

ITEMS TO LEAVE AT HOME

- Sleeping bag and pillow
- Any valuables such as electronics, jewellery or money.
- Candy or snacks. All food will be provided.