

# 2023

July 4<sup>th</sup> – August 25<sup>th</sup>

**City of Greater Sudbury**



**Parent Information  
Guide**

## Welcome

On behalf of the CGS Playground camp staff, we would like to take this opportunity to welcome you to this year's program. Our teams of Senior supervisors have been very busy over the past few months planning a wide variety of games, activities, theme days and reaching out to the community for camp visits in order to help your child stay active and engaged throughout the summer. An activity schedule will be visible at every location in order for your family to know what exciting activities the Junior and Senior Supervisors have planned for the children that week.

If you have any questions or concerns throughout the summer, please do not hesitate to contact us at the number associated to the site your child is attending from the list below.

Yours truly,  
Summer program staff

**To report a child's absence, please call the program site directly**

Park Name	Phone Number	Park Name	Phone Number
Morel Family Foundation (E)	705-698-2991	Algonquin(E)	705-698-1203
Capreol (E)	249-377-4831	Falconbridge (E)	249-377-4917
Cedar Park (E)	705-920-4815	Kinsmen S.C. (E)	705-929-6201
Twin Forks (E)	705-690-2738	Elmview (F)	249-377-4938
Howard Armonstrong Recreation Center(E)	249-377-4938	Azilda Arena (F)	249-377-4904
Chelmsford(E,F)	249-377-4995	Lively CSC (E)	705-690-3767
Dowling Leisure Center (E)	705-919-3942	Ridgecrest (E,F)	705-698-2172
Delki Dozzi (E)	249-377-4915	Toe Blake (E)	705-923-1562
Westmount (E)	705-919-3773	Whitewater (E)	705-690-8022
E- English F- French			

### Additional Information

Visit the [City of Greater Sudbury](http://www.cityofsudbury.ca) website in order to get more information on neighborhood playground locations in your area.

**If you have any questions or concerns please contact the Leisure Program Supervisors**

**Kassandra Lapierre - (705) 674-4455 ex: 2480**  
**Joannie Bedard - (705) 674-4455 ex: 4312**

## Play Charter

The City of Greater Sudbury is committed to promoting play, providing play opportunities, and educating all residents on the importance of play to our community.

## First Day of Camp

Please bring the following (6) documents signed and completed forms:

- ☐ Summer playground Medical form – One for each child
- ☐ Medication Authorization Form – One for each child that will need medication at camp
- ☐ Emergency contact
- ☐ Pick-up/Drop-off Information Form
- ☐ Photo Release Form
- ☐ Sunscreen Application Form
- ☐ Code of Conduct Agreement

First day and every day, please send your child with:

- ☐ **Peanut-free** lunch and snacks
- ☐ Reusable water bottle filled with water
- ☐ Sunscreen
- ☐ Hat (wide-brimmed)
- ☐ Clothing suitable for the weather conditions and activities (raincoat, boots, sweater, long-sleeve shirt, sunglasses etc.)
- ☐ Closed-toed shoes – **NO SANDALS**
- ☐ Towel
- ☐ Extra socks and underwear

*Please remember to label all personal belongings and leave all electronics at home, if your child need a cellphone to contact you, we can provide one on site.*

## Important Information

### Peanut-Free Camps



Throughout the summer there are certain participants in the programs who have serious and life-threatening allergies to peanuts and peanut products. We ask that all parents/guardians ensure that their children bring only identified peanut-free products in their lunches.

### Green Camps



Each playground has a recycling program to reduce waste and encourage youth to reuse as much as possible. You can help by packing a green lunch;

- Pack lunches and snacks in reusable bags and containers
- Use a reusable water bottle
- Avoid plastic containers made of PVC #3 or polycarbonate #7
- Buy in bulk and repack individual sized portions into reusable snack containers
- Pack reusable stainless steel cutlery



### Sun Safety

We are proud to partner with the Melanoma Network of Canada and the Sudbury and District Health Unit to encourage campers and summer camp staff to learn about sun safety while at camp.

We are a **Sun Aware Certified Camp**. This means that we follow guidelines for implementing best practices for sun safety at our camps. Please sign and return our sunscreen application form included in this package.



### Code of Conduct



HighFive is a standard committed to enhancing healthy child development within sport and recreation. As an organization involved with HIGH FIVE, we strive to uphold the "Commitment to Children" which includes a code of conduct for our Leaders and provides appropriate behaviour management techniques for our campers. **Please review the code of conduct form with your child before signing.**



The best way to play™

### Craft Supplies



If you have any unused products such as: buttons, paper towel rolls, material scraps, milk cartons, wool scraps, egg cartons, magazines, etc. These items can be brought to playground camp for our campers to use in our arts & crafts programs.



## Emergency Contact Form

Child's First Name: _____		Child's Last Name: _____	
Child's Address: _____			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Daytime #: _____		Parent/Guardian cell # _____	
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Daytime #: _____		Parent/Guardian Cell #: _____	
Child resides with (please circle):		Other: _____	
Parent/Guardian			

Emergency Contact (Name)#1 _____	
Relationship to above: _____	Phone #: _____
Emergency Contact (Name)#2 _____	
Relationship to above: _____	Phone #: _____

Are there any custody arrangements that we should be aware of? _____	
Do any court orders exist that we should be aware of? _____	
Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If so will your child be required to take medication at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please fill in the next 2 pages	



# Playground Special Medical Form

Participant's Name			Location of Playground:			
Address:		Family Doctor :		Doctor's Office Phone Number :		
Parents/Guardians Name:		Sex:		Date of Birth:		Age at Camp This Year
		Male      Female Other	_____/_____/_____ Month      Day      Year			
Home Phone:		Business Phone:		Grade Completed		Number of years attending Camp?
Contact person in case of Emergency (During the Day)		Relationship to participant:				Phone #:
Is Participant taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what?			Time of Day Taken:
Does participant know how to administer the medication?    Yes      No						
Does your child suffer from any allergies, illness, or any disability? (If more space is required, please provide a separate page)						
(Voluntary) Health Card #:						
HEALTH INFORMATION PROVIDED WILL BE USED ONLY TO SAFEGUARD THE HEALTH AND WELL BEING OF THE PARTICIPANT						

Other important information/instruction

Signature



## Medical Authorization Form – Summer Playground Program

If your child requires **prescription medication** while at camp please fill out this form and note the following:

- All prescription medication needs to be in its original container,
- Must indicate the child's name,
- Dosage directions,
- Date of the prescription.

All medication will be administered to your child based on the doctor's recommendations.

If your child requires **non-prescription medication**, please obtain a doctor's note that indicates the following:

- Your child's name
- Name of medication
- Dosage directions (including time to be administered)
- Expiry date of the note
- Doctor's signature
- List of signs and symptoms that indicate the medication is required

**Please note: Without the above information, we will be unable to administer your child's medication at camp.** If medication is for emergency use (an Epi-pen or inhaler) the counselor will carry it in their emergency waist pack.

I authorize the administration of: \_\_\_\_\_  
Name of Medication

To: \_\_\_\_\_ By CGS staff at: \_\_\_\_\_  
Child's full name printed Playground Location

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Use the following instructions:

Dosage: \_\_\_\_\_ Storage: \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

Side effects: \_\_\_\_\_

Stop medication if the following reaction(s) is observed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date (YY/MM/DD)

\_\_\_\_\_  
Parents Signature

### Notice of Collection

Personal information on this form is collected under the authority of section 10 the *Municipal Act, 2001*, S.O. 2001, c.25 and will be used to enroll the participant in the City of Greater Sudbury's program. Questions about the collection of your information may be directed to Leisure Services at P.O. Box 5000, Station A 200 Brady Street, Sudbury, ON P3A 5P3 or by calling 311 and asking for the Leisure Services Department.

## Medical Administration Form – Summer Camps

### STAFF USE ONLY



## Photo Release Form – Summer Camps

Individuals under the age of 18

### Consent for Use and Disclosure of Personal Information Video/Photo/Authorization and Release

Full name of child: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

I hereby consent to the City of Greater Sudbury to take photograph(s), videotape, or digital recording(s) of the said minor and to use any of these in any and all media for promotional purposes including, but not limited to, newsletters, brochures, posters, videos, Internet information, newspaper coverage, radio broadcasts and television footage.

☐ Yes, I consent to having my child participate in publicity and promotional opportunities.

☐ No, I do not consent to having my child participate in publicity and promotional opportunities.

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

I understand and agree that the City of Greater Sudbury will be the owner of the copyright in the photograph and has full rights to use the photograph in its discretion. I understand that the City of Greater Sudbury is not held liable if the photograph is downloaded or altered in any way. I hereby release the City of Greater Sudbury of any and all liability arising from such downloading, use, reproduction or alteration.

I understand that I or the said minor will not receive any compensation for the use of any photograph(s), videotape, or digital recording(s) of the said minor and I hereby release the City of Greater Sudbury from the payment of any such claims.

I understand that I or the said minor will not be notified if or when the photograph is used for promotional purposes.

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

(YY/MM/DD)



## Sun Safety & Sunscreen Form – Summer Camps

At our City of Greater Sudbury Day Camps we believe that outdoor activities are a key part of a healthy lifestyle. However, we want to make sure that while children are outside they are protected from the sun and heat. Therefore, we have developed a policy related to sun protection and safety during hot weather to ensure that we can all enjoy the summer safely.

Your support is very important to the success of our new policy. You can help by:

- Talking to your child about the importance of sun protection and hot weather safety.
- Sending your child each day with a wide-brimmed hat, long-sleeved shirt, sunglasses, and a reusable water bottle.
- Applying sunscreen with a sun protection factor (SPF) of 30+ on your child before they leave the house each day.
- Filling out and returning the attached sunscreen permission slip form to the program site staff.

As part of this new policy, camp staff have received additional training about Sun Safety and will spend more time discussing the harmful effects of sun and hot weather with the children so that they may become more aware of how to protect themselves. We are also going to encourage children to reapply sunscreen throughout the day and to wear a hat and sunglasses when outside. We will monitor the weather reports and advisories and will take precautions to protect the children from sun and heat-related illnesses.

Together we can have a safe and healthy summer!

Name of child: \_\_\_\_\_ Camp: \_\_\_\_\_

Does your child have any allergies to any sunscreen products? ☐ Yes ☐ No

If yes, which product: \_\_\_\_\_

I authorize the following:

- ☐ I authorize camp staff to assist my child to reapply sunscreen to exposed skin surfaces, including their face, ears, arms, and legs every two hours or after swimming.
- ☐ I authorize camp staff to use sunscreen supplied by camp if my child's sunscreen is not available

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

\_\_\_\_\_  
Date (YY/MM/DD)



## Pick-Up/ Drop-off Form – Summer Camps

<b>My child will:</b> (please circle all that apply)	Walk to camp	Be driven and picked up	Other
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The following individuals are permitted to pick up my child from program: **(Please be advised that a valid photo ID will be required!)**

Name:	Relationship:	Phone #
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Name:	Relationship:	Phone #
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Name:	Relationship:	Phone #
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Name:	Relationship:	Phone #
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**Fill out this section if you wish to give your child permission to sign themselves in and out of camp (Child must be 10+ years of age)**

My child may sign themselves out:

Beginning/End of day \_\_\_\_\_  
Signature

Date \_\_\_\_\_  
Signature

**I understand that I or my representative will be required to sign my child in and out of the program if I have indicated that I will be picking my child up from the camp.**

\_\_\_\_\_  
Signature

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## Code of Conduct Form – Summer Camps

**Please review the following information with your child:**

### **OH YES Respect Behavior Contract:**

To ensure that all campers have a positive and enjoyable time at camp, the City of Greater Sudbury Day Camps will again be implementing our city-wide behavior policy for all summer camp programs.

Our five rules are:

1. Respect **O**thers
2. Respect **H**elpers
3. Respect **Y**ourself
4. Respect **E**quipment
5. Respect **S**upervisors

These rules can easily be remembered by the acronym

**OH YES RESPECT!**

### **Electronics Policy**

The City of Greater Sudbury's Summer Day Camps offer a quality outdoor experience designed to help children develop an awareness and appreciation of the natural environment. We ask that you **DO NOT** send your child to camp with any sort of electronic handheld device. This includes but is not limited to: cell phones, iPads, DS's, Nintendo switch or cameras.

**First Violation:** A verbal warning. The camper will be asked to keep the device in their backpack for the remainder of the day.

**Second Violation:** The electronic device will be confiscated and returned to the camper as they board the bus, parents/guardians will receive a phone call regarding the violation.

**Third Violation:** The electronic device will be confiscated and will only be given back when a parent/guardian is able to pick the device up.

## Regulation System

\*Parents will be notified which color their child is at in their daily journal.



## Regulation System

**Blue:** Serves as an opportunity to check in with child to ensure they are ok and see if they need anything extra right now. Child is feeling tired, calm, relaxed.

**Green:** Serves as an opportunity to give a high five to the child. Having a good positive day. Being kind to one another, participating in activities, positive attitude, helping others...

**Yellow:** Serves as a warning to the child. A child can receive a yellow color for the following:

- Bringing electronics to camp
- Being disrespectful to a junior or another camper
- Taking something that is not theirs

**Orange:** Serves as result in a call home. An immediate orange color will result if a child does one of the following;

- Bullying (repetitive unwanted actions towards another person)
- Consistent arguing with a junior or another camper
- Exposing themselves (or others) with inappropriate intentions
- Deliberately putting self or others at risk

**Red:** Parents will receive a call and will be sent home for a period of 24hrs. A child will get an immediate red color for the following: 705-675-9171 (non-emergency number)

- Physical bullying (call to 911 is possible)
- Threats (call 911 is possible)
- Bringing weapons to camp (call 911)
- Stealing from another camper or junior

By signing below I acknowledge that I have reviewed with my child and understand the **OH YES Respect, The Regulation System and the Electronics policy.**

Child's Name: \_\_\_\_\_ Child's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Playground Name: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_