



# Peninsula Co-op Salish Sea School Camp

## Registration Form

**Camps run Monday - Friday, 9:30 a.m. - 3:30 p.m. Open to children who have *completed Grades 1- 5 (7-11 years old) by June 2018.***

**Please check  camp you are registering for:**

- Camp #1 July 16-20**                       **Camp #5 August 27-31**
- Camp #2 July 23-27**
- Camp #3 August 13-17**
- Camp #4 August 20-24**

**Cost: \$275 (+ tax)** per week. Each camp will combine educational experiences within the Centre with field trips, boat trips, and time for fun, games and art. In order to provide a quality experience, we offer a ratio of two leaders to 10 campers.      **Returning Camper (circle one) Y N**

**Family Membership #** \_\_\_\_\_                      **T-Shirt Size: XS SM M L**

Child's Name \_\_\_\_\_      O Male    O Female

Date of Birth (dd/mm/yy) \_\_\_\_\_ Grade completed as of June 2018 \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

### Medical Information:

Please note that all **non-BC residents need to provide a copy of proof of medical coverage.**

Care Card Number \_\_\_\_\_

Allergies \_\_\_\_\_ Prescriptions \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_



Pick-up Information:

In addition to the parent/guardian named above, the following individual(s) are authorized to pick up the above named child:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Emergency Contacts:

Please provide 2 additional emergency contacts for your child if different from parents or designated additional pick up above.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Other:

Dietary Restrictions \_\_\_\_\_

Any medical conditions or physical limitations? \_\_\_\_\_

Any learning disabilities or special needs? \_\_\_\_\_

**Fees & Bookings** Forms may be submitted in person, or by email, fax or mail. **In order to confirm booking, full payment, forms and Child Waiver and Release must be submitted and complete. Cancellations within 14 days of program start date are non-refundable if we are not able to fill the space.** The Shaw Centre for the Salish Sea reserves the right to cancel a camp prior to the start date due to low registration – in that event, full refunds will apply.

**PLEASE KEEP YOUR RECEIPT FOR INCOME TAX PURPOSES**

**SHAW CENTRE FOR THE SALISH SEA**  
**Child Waiver and Release Form**



I hereby acknowledge and grant that my child(ren), whose name(s) appears below and who is(are) a minor has my permission to participate in day camp activities associated with the Shaw Centre for the Salish Sea (SCSS).

Further I understand, acknowledge and consent as follows:

1. I understand there are risks associated with my child(ren)'s participation in activities that could include the possibility of injury.
2. If my child(ren), does not follow the rules of these camp activities, he/she/they may be removed from the camp.
3. My child may receive suitable first aid medical treatment which may be deemed advisable in the event of injury or sudden illness.
4. The Shaw Centre for the Salish Sea may use my child(ren)'s first name and any photographs or video images of my child(ren) that are made during the course of the activities for educational or promotional purposes related to SCSS.
5. My child(ren) is physically and mentally capable of participating in day camp activities.

I hereby assume all risks and responsibilities for my child's participation in SCSS programs and waive, release and discharge the Shaw Centre for the Salish Sea and the New Marine Centre Society and their officers, directors, employees and agents, from any responsibility for any harm, loss, personal injury, or death resulting from, arising out of, or in connection with participation in activities with the SCSS.

**Child's Name:** \_\_\_\_\_

**I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS SIGNIFICANCE, AND HAVE THE AUTHORITY TO ACT ON BEHALF OF THE ABOVE CHILD.**

Print Name: \_\_\_\_\_  
Parent or guardian's name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or guardian's signature