



COMMUNITY CONNECTIONS (REVELSTOKE) SOCIETY

[www.community-connections.ca](http://www.community-connections.ca)

## Summer Day Camp Registration Form 2018

1. Check the weeks of camp you wish to register your child in:
- |   |   |
|---|---|
| <input type="checkbox"/> July 9-13 (Neat Nature)              | <input type="checkbox"/> August 7-10 (Wet n' Wild)        |
| <input type="checkbox"/> July 16-19 (Wet N' Wild)             | <input type="checkbox"/> August 13-17 (Outdoor Explorers) |
| <input type="checkbox"/> July 23-27 (Mad Scientists)          | <input type="checkbox"/> August 20-23 (Wet n' Wild)       |
| <input type="checkbox"/> July 30-August 2 (Outdoor Explorers) |   |

Add on extra time for \$20 per week (8:30-9am, 4-5pm)? Y / N

2. Child's Name: \_\_\_\_\_ F/M Date of Birth: \_\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_  
Place of work: \_\_\_\_\_  
*(We will be using provided e-mail to send the camp schedule and necessary items required to bring for each day.)*

4. Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_  
Place of work: \_\_\_\_\_  
*(We will be using provided e-mail to send the camp schedule and necessary items required to bring for each day.)*

5. Family Doctor: \_\_\_\_\_ Child's Care Card Medical #: \_\_\_\_\_  
Is your child on routine medication? \_\_\_\_\_

6. Please name two people that could be called in an emergency if parents cannot be reached.

a. Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Relationship: \_\_\_\_\_

7. Please provide a list of people who you authorize to pick up your child at the end of the day, as well as their phone numbers. **We cannot release your child to someone not listed below.** If someone who is not on the list is picking up your child, please inform the Day Camp staff the morning that you drop off your child.

Name: _____	Contact #: _____
Name: _____	Contact #: _____
Name: _____	Contact #: _____
Name: _____	Contact #: _____



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If there is anyone who is not permitted access to your child, please list them below. i.e. an ex-spouse.

Name(s) \_\_\_\_\_

8. Is your child able to swim? Y / N      Level of Swimming Lesson: \_\_\_\_\_

9. Please list any factors involving your child that staff should be made aware of, including:

Allergies: \_\_\_\_\_

Health: \_\_\_\_\_

Social/legal issues: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. If any of the above issues become present during camp, please provide staff with clear instructions to ensure your child's safety. i.e. how to respond to an allergy or legal matter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. I understand that the program participants will travel to locations in and around Revelstoke and hereby give my consent for my child to participate in these activities, as outlined in the weekly program guide. I understand that it is my responsibility to provide my child with all proper supplies required for the day.

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

12. I understand that photographs may be used by the Adventurer's Summer Day Camp in its program promotion, meetings, newspapers, magazines or other publications. I hereby give my consent to have photographs taken of my child.

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

13. In the event of an emergency and emergency contacts cannot be reached, I give permission for Day Camp Staff to transport my child to medical attention.

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

14. I understand that Community Connections does not provide lunch or snacks, and agree to provide my child with an adequate lunch, snacks and water each day unless stated otherwise in the weekly schedule.



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