



CAMP SURVIVOR

GENERAL REGISTRATION FORM & WAIVER - Spring 2021

1. **Registration is not complete until payment has been made and ALL registration and waiver forms have been completed, signed, and submitted.**
2. Payment options include cash, debit and/or credit card.
3. Cancellation requests received **7 or more business days BEFORE** the first day of camp will receive a full refund, minus a \$25 administrative fee. Cancellation requests received **LESS than 7 business days before** the start of the program will receive a 50% refund.
4. Post dated cheques will be accepted but must be dated no later than **2 weeks prior** to the first day of camp with a \$20 service fee on any NSF cheques.
5. A late fee of \$25 per quarter hour (or portion thereof) per child will be levied to be paid in cash immediately.
6. Please contact the centre (250-388-5251) if your child will not be attending camp on a particular day.
7. Please note that activities and camp procedures are subject to change due to the COVID 19 situation. The safety of the campers, our staff and our community is paramount. Guidelines and recommendations put forth by government and health officials will be strictly adhered to. All camp changes, updates and policies will be communicated in a timely manner to registrants as they become available.

REGISTRATION INFORMATION

Please PRINT clearly!

Child's Name:

First and Last Name: _____ Nickname? _____

Street Address: _____ Postal code: _____

Child's First Language: _____ Gender: _____

Date of Birth: _____ Age: _____
Month / Day / Year

Parent/Guardian Contact Information:

First and Last Name: _____ Primary Phone: _____
Relationship to Child: _____ Secondary Phone: _____
Street Address: _____ Postal code _____ Alternate Phone: _____
Email: _____

Custody Restrictions:

Are there custody arrangements? Yes No

If yes, please specify details or conditions: (i.e. pick up/visitation restrictions)

Alternative Person(s) to Call in Case of Emergency:

First and Last Name: _____ Primary Phone: _____
Relationship to Child: _____ Secondary Phone: _____
Street Address: _____ Postal code _____ Alternate Phone: _____
Email: _____

First and Last Name: _____ Primary Phone: _____
Relationship to Child: _____ Secondary Phone: _____
Street Address: _____ Postal code _____ Alternate Phone: _____
Email: _____

Health Information

BC Care Card #: _____ Out of Province Care Card #: _____

Family Doctor/Clinic: _____ Office Phone: _____

Allergies (food/drug): _____

Medications (please list): _____

Vision Loss Yes No Describe: _____

Hearing Loss Yes No Describe: _____

Dietary Needs/Restrictions: _____

Please indicate any accident, illnesses, or medical disabilities your child has experienced that may hinder participation in the activities (briefly describe and provide dates where possible):

Please indicate any unique support needs we can provide to your child (behavioral, emotional, physical, intellectual, language, etc.) that will aid in providing them a positive and successful camp experience.

Child's Swimming Ability: Non-swimmer Novice swimmer Able swimmer

Person(s) who have permission to pick up your child:

(Please note, ANY PERSON picking up your child is required to be listed here or in the parent/guardian section)

First and Last Name: _____ **Primary Phone:** _____
Relationship to Child: _____ **Secondary Phone:** _____
Street Address: _____ **Alternate Phone:** _____
Postal code: _____ **Email:** _____

Person(s) who have permission to pick up your child:

First and Last Name: _____ **Primary Phone:** _____
Relationship to Child: _____ **Secondary Phone:** _____
Street Address: _____ **Alternate Phone:** _____
Postal code: _____ **Email:** _____

Parent /Guardian Permissions and Acknowledgements:

Please initial each statement below:

Initials

I consent to my child receiving transportation to and from all activities during Camp Survivor from the BGCA's staff. _____

I acknowledge that there are inherent risks involved in all summer camp activities and by signing this waiver consent to my child's involvement in all activities provided through Camp Survivor and waive any liability to BGCA if my child injures him/herself during the day camp programs. _____

I consent to the release of medical information to the BGCA in event of injury or other medical emergency. _____

I consent to and authorize emergency medical and/or dental treatment during my son or daughter's _____

involvement in the Camp Survivor program with the Burnside Gorge Community Centre.

I understand that BGCA staff are not responsible for the whereabouts of my child beyond camp hours. _____

I consent for my child’s photo to be taken and used only to promote programs and activities at BGCA. _____
(Optional)

I give permission for my child to arrive and depart camp **unaccompanied**. I understand my child must arrive _____
no later than 9:05 am and depart no later than 4:05 pm. (Optional)

I have read and agree to the Camp Survivor COVID – 19 Safety Plan _____

Parent or Guardian Name (please print): _____

Signature: _____ **Date:** _____

Participant’s (Child) Commitment:

***Please read through the following agreement with your child and have your child sign.**

I, _____ **(Child’s name)**, would like to participate in the Camp Survivor Summer program. I agree to respect others, the environment, and myself during my time at camp. I will do all that I can to make my time with Camp Survivor a positive one, both for myself and my fellow participants.

I understand if I do not live up to the Commitment I have made, I may be sent home from camp. I also understand that, because of this Commitment I am making, I can expect to be treated with fairness and respect by my fellow participants and by the camp staff.

Participant Name (please print): _____

Participant Signature: _____ **Date:** _____

Parent/Guardian’s Commitment:

I _____, have discussed the Participant’s Commitment with my child.

I confirm that my child agrees to treat themselves and others with respect, to follow safety rules and instructions, to cooperate with the camp experience, and to refrain from acting in ways that are unsafe, harmful, disrespectful, or distracting to themselves and/or others.

I understand that by making this Commitment, my child can look forward to being treated with respect and fairness by their fellow camp participants and by the staff.

I also understand that Camp Survivor prohibits the use of alcohol, tobacco, non-prescription drugs, inappropriate behavior and offensive language. I acknowledge that should my child choose to act against these expectations, this is cause for my child to be sent home without refund of camp fees.

Parent or Guardian Name (please print): _____

Signature: _____ **Date:** _____



REGISTRATION CHECKLIST FOR PARENTS and GUARDIANS!

1. General Registration Form completed and signed:
 - Week(s) of camp checked off
 - Permissions/Acknowledgements initialed
 - Participant's Commitment signed
 - Parent/Guardian Commitment signed
2. ALL additional waivers completed and signed.
3. Payment submitted to complete registration and confirm space in camp.

Please Note: Registration is not considered complete until payment has been made and ALL registration and waiver forms have been completed and signed.

- ➔ Registration forms, waivers and calendar available on BGCA website www.burnsidegorge.ca
- ➔ Call Travis Chater for information regarding subsidies, general camp inquiries and to register, 250-388-5251 ext 225, travis@burnsidegorge.ca