

Kerry Park Camp Registration Form

PERSONAL INFORMATION

CHILD'S NAME: _____ BIRTHDATE: (YY/MM/DD) _____

ADDRESS: _____

PARENT / GUARDIAN:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	

PARENT / GUARDIAN:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	

CARE CARD #:	
CHILD'S MEDICAL DOCTOR:	
PHONE #:	

CHILD'S DENTIST:	
PHONE #:	

EMERGENCY CONTACT #1:	
PHONE #:	
ALT PHONE #:	

EMERGENCY CONTACT #2:	
PHONE #:	
ALT PHONE #:	

CHILD RELEASE

Please list ALL the people who are allowed to pick up your child/children (if different from parent/guardian and emergency contacts). Children are not allowed to leave with any other person without written authorization from a parent or guardian.

#1		Ph. #		Relationship:	
#2		Ph. #		Relationship:	
#3		Ph. #		Relationship:	

CHILD'S SWIMMING ABILITY (Adventure Camp, Spring Break Camp, Sports Camp & Pro D Day Camp only)

Please indicate your child's swimming ability:
 (NOTE: This section is not applicable to some programs)

<input type="checkbox"/> Strong Swimmer (deep water / pool)	<input type="checkbox"/> Capable Swimmer (up to shoulder / shallow end of big pool)	<input type="checkbox"/> Weak Swimmer (waist deep / shallow end of big pool)	<input type="checkbox"/> Non-Swimmer (shallow water / small pool only)
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My child has completed swimming level: _____

My child requires a lifejacket: YES NO

HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs? (Check appropriate boxes)

<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Behavioral Concerns	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological
<input type="checkbox"/>	Visual	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____		

Explain further what these conditions are:

How can our staff better meet your child's needs?:

Does your child require additional help or an EA in school?: YES NO

A staff member may contact you for further clarification.

EMERGENCIES

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).

Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Kerry Park Recreation Administration or instructor/leader; this consent would go along with your child to the emergency center.

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of an accident or illness if I cannot immediately be reached.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

FIELD TRIPS

By signing below, you are also giving your permission for your child to join us on camp fieldtrips, such as the Nanaimo Aquatic Centre, Fuller Lake, Duncan Lanes. A full list of out trips will be available on the first day of camp.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

INFORMED CONSENT

I, the parent/guardian of _____, consent to my child participating in the activities being offered through South Cowichan Recreation, with the understanding that field trips or outings take place inside and/or outside of the Cowichan Valley. I understand that my child will be participating in activities that may have a high risk, including the risk of physical injury, illness, loss of life, and property damage. Some of the activities may involve risks associated with physical contact, contact with physical structures, transportation, or may require a higher level of athleticism, skill and knowledge.

I understand that my child will be participating in activities that may have a high risk and I agree to release and hold harmless the CVRD and South Cowichan Recreation, its employees, officers, agents, affiliated community association, and volunteers, from any claims for injury, loss or damage that my child may sustain while participating, including claims of negligence.

SIGNATURE OF PARENT/GUARDIAN:

DATE: