



Camp Profile Form

PERSONAL INFORMATION

CHILD'S NAME:		Age:		BIRTHDATE:	
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LIST OF REGISTERED CAMPS: _____

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

CHILD'S CARE CARD #:		PHONE #:	
CHILD'S MEDICAL DOCTOR:		PHONE #:	
CHILD'S DENTIST:		PHONE #:	
EMERGENCY CONTACT #1:		PHONE #:	
EMERGENCY CONTACT #2:		PHONE #:	
EMERGENCY CONTACT #3:		PHONE #:	

EMERGENCY CONTACTS MUST BE FILLED OUT!

CHILD RELEASE

Please list ALL the people who are allowed to pick up your child/children. Children are not allowed to leave with any other person with out written authorization from a parent or guardian. (If different from parent or guardian and emergency contacts.)

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

CHILD'S SWIMMING ABILITY

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

Strong Swimmer (deep water/pool)
Capable Swimmer (up to shoulder/shallow end of big pool)
Weak Swimmer (waist deep/shallow end of big pool)
Non-Swimmer (shallow water/small pool only)

My child is has completed swimming level: _____
 My child requires a lifejacket? **YES / NO**

SEE OVER

FIELD TRIPS

By signing below, you are giving your permission for your child to join us on camp fieldtrips, (using a mini bus or transit or walking) such as the Cowichan Aquatic Centre, Fuller Lake, Duncan Lanes, Cowichan Bay, Transfer Beach, etc. A full list of out trips will be available on the first day of camp.

HEALTH & SPECIAL CONSIDERATIONS

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

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

Explain further what these considerations are?

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

Please Note: If your child requires an aid at school, they are required at camp. Contact a Staff Member for further clarification if needed.

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we can not contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Island Savings Centre 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.

ICBC REQUIREMENTS

My child weighs less than 40 lbs. My child is younger than nine years old My child is not yet 145 cm tall (4'9"):

If you have checked any box listed above you may need to provide a booster seat for your child on field trip days. For further information on Child Passenger Regulations please ask our staff or go to www.icbc.com. Please check with staff to see if one is needed for our bus.

PHOTOS

The CVRD is requesting your written consent to use your photo and/or your child's photo. Without compensation of any kind, I hereby give the CVRD the right and permission to utilize my photographs. **YES / NO**

The CVRD is developing a photo library of which highlights our programs. These photos may be utilized in a variety of formats to promote the CVRD. These may include: brochures, posters, flyers, website, and social media. I acknowledge that the CVRD is and will be the sole owner of all rights to the photos. I hereby assign any copyright or publicity rights or any other rights I may have regarding the photos to the CVRD. I agree to release and hold harmless the CVRD, its employees, officers, agents, affiliated community association, and volunteers, by reason of the use of these photos from any and all claims, loss or damages.

BY SIGNING BELOW, YOU AGREE TO ALL OF THE ABOVE CONDITIONS.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____