

Boys & Girls Club Services of Greater Victoria
EARTH ADVENTURES SUMMER DAY CAMP
REGISTRATION FORM

Boys & Girls Club Services of Greater Victoria and the Boys & Girls Clubs of Greater Victoria Foundation are committed to protecting the privacy of the personal information of our employees, volunteers, members, participants and their families, donors and other stakeholders. We have developed appropriate policies to safeguard that personal information. Please review these policies at our website, www.bgcvic.org. If at any time you feel that your privacy rights have been violated please contact our Agency Privacy Officer - see website for contact information, or call 384-9133.

SECTION 1 ~ MEMBER INFORMATION

Name: _____ Home Phone: _____ Male Female
Address: _____ Date of Birth: _____ Age: _____
City: _____ Postal Code: _____ School: _____ Grade: _____
Previous Member? Yes No If Yes, When & Where:

SECTION 2 ~ PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Name: _____ Day Phone: _____
Father's/Guardian's Name: _____ Day Phone: _____
Member Currently Lives With: Mother Both Parents Step Family
Please Check Only One Father Shared Custody Other _____
Custody Arrangement / Order: Yes No **** IF YES PLEASE ATTACH TO BACK ****

SECTION 3 ~ EMERGENCY INFORMATION

Please provide 2 alternative Emergency Contacts other than parent/guardian:

Emergency Contact Person #1

Name: _____ Relation: _____ Phone: _____ Cell Phone: _____

Emergency Contact Person #2

Name: _____ Relation: _____ Phone: _____ Cell Phone: _____

SECTION 4 ~ MEDICAL INFORMATION

CareCard Number: _____ Family Doctor: _____ Phone #: _____

If I am not available, I authorize Boys & Girls Club Services to secure the medical services deemed necessary for the well being of my son/daughter.

Please provide Parent/Guardian initials _____

Please list all medical conditions that may impact your child's experience at camp (ie: allergies, skeletal muscular, emotional, etc) and any other relevant concerns or information you would like to share in Section 6 on page 2.

SECTION 5 ~ EARTH ADVENTURES (FOR AGES 6 TO 12) AND PRE/POST CARE

Tier 1 - our historical subsidized rate

Tier 2 - *partial subsidy* - for those who can afford a little more but have difficulty with the full fee

Tier 3 - actual cost of operating program

	Tier 1	Tier 2	Tier 3
4 Day	\$130	\$175	\$226
5 Day	\$150	\$215	\$283

Please check **ONLY** the sessions for which you have **CONFIRMED** registration.

	(Week 1) <i>June 29-July 3</i> 4 days	(Week 2) <i>July 6- 10</i> 5 days	(Week 3) <i>July 13-17</i> 5 days	(Week 4) <i>July 20-24</i> 5 days	(Week 5) <i>July 27-31</i> 5 days	(Week 6) <i>Aug 4-7</i> 4 days	(Week 7) <i>Aug 10-14</i> 5 days	(Week 8) <i>Aug 17-21</i> 5 days	(Week 9) <i>Aug 24-28</i> 5 days	(Week 10) <i>Aug 31-Sept 3</i> 4 days
Tier 1	\$130 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$130 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Tier 2	\$175 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$175 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$215 <input type="checkbox"/>	\$175 <input type="checkbox"/>
Tier 3	\$226 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$226 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$283 <input type="checkbox"/>	\$226 <input type="checkbox"/>
*Pre Care 8-9am	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>
*Post Care 4-5pm	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>
Metchosin Pre Care 9-9:30am	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>
Metchosin Post Care 3:30-4pm	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>	\$5 <input type="checkbox"/>

PICK UP / DROP OFF LOCATIONS AND TIMES (please check only one):

- Harbourside-Esquamalt Club
410 Macaulay St., Esquamalt
 West Shore Society
345 Wale Rd., West Shore
 City Central Club
1240 Yates St., Victoria
 Central Saanich Club
7162B West Saanich Rd., Brentwood Bay
 Metchosin Wilderness Camp
3780 Brotherstone Rd.

*Pre Care/Post Care is offered at Harbourside, Central Saanich and West Shore Society)

REFUND POLICY: Registration fee refunds will only be issued if cancellation of a pre-registered/prepaid session is received no less than 10 days prior to that session's start date. A \$10 administration fee will be applied to cancellations and/ _____(Initial)

SECTION 6 ~ 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"/> Speech | <input type="checkbox"/> Emotional/Psychological |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Intellectual (Mental) | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Medical or Health Conditions/Restrictions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> No Considerations |

Please explain further what these considerations are? _____

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

****Please Note:** A staff member may contact you for further clarification.

SECTION 7 ~ CHILD'S SWIMMING ABILITY

Please indicate your child's swimming ability:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Strong Swimmer
(Deep Water/
Deep 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) |
|--|--|---|--|

SECTION 8 ~ CHILD PICK-UP INFORMATION

I, the parent/guardian or the designate(s) listed below, will **pick up** my child at the program completion time.

Designated person(s) to pick up my child:

Signature of Parent: _____ Date: _____

I, the parent/guardian, give permission for my child to be **dismissed** from the drop-off spot /Club at the following time _____.
(This option not available at licensed facilities)

Parent/Guardian Initial _____

Please send a current photo of your child on the first day of camp. This would be used for emergency purposes only.

Parent / Guardian Initials : _____

I also give permission for photographs of my child to be used for publicity purposes connected with the promotion of Boys & Girls Club Services.

Please Check One: **Yes** **No** **Parent / Guardian Initials :** _____

SECTION 9- IMMUNIZATION RECORD

	1 st Visit @2mths	2 nd Visit 2mo After 1 st	3 rd Visit 2mo Af- ter 2 nd	4 th Visit 12mo Of age	5 th Visit 12mo After 3 rd	18 Months of age	5-6 Years	Grad e 6
Indicate Dates Immunizations Received à								
DIPHTHERIA	*	*	*		*		*	
PERTUSSIS	*	*	*		*		*	
TENTANUS	*	*	*		*		*	
POLIOMYELI- TIS	*	*	*		*		*	
HIB 1	*	*	*		*			
MEASLES				*		*		
MUMPS				*		*		
RUBELLA				*		*		
HEPATITIS B								***

Participation Agreement, Release, and Acknowledgement of Risk

In consideration of the services of Boys & Girls Club Services of Greater Victoria, their directors, officers, managers, employees, volunteers, and all other persons or entities acting in any capacity on their behalf (hereafter collectively referred to as Boys & Girls Club Services), I hereby agree to release and discharge Boys & Girls Club Services, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand that program activities include use of our Club facilities, equipment and vehicles, as well as scheduled outings in the Greater Victoria area.

I acknowledge that adventure-based activities including, but not limited to, swimming, canoeing, archery, low ropes course, backpacking, mountaineering, climbing and challenge activities entail known and unanticipated risks that could result in serious physical or emotional injury, such as, but not limited to, paralysis, death, or damage to participants, to property, or to third parties. I understand that such risks simply cannot be fully eliminated without jeopardizing the essential qualities of the activity.

On behalf of my child:

I expressly agree and promise to accept and assume all of the risks existing in these activities. Participation in these activities is voluntary. I elect to have my child participate with full understanding of the risks.

I certify that my child has no medical or physical conditions, other than as outlined in Section 6 - health & special consideration, which could interfere with their safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created either directly or indirectly through participation in these activities.

I understand that care and attention will be given to the safety of all participants but that Boys & Girls Club Services cannot be held liable for any injury or loss.

I understand that Boys & Girls Club Services reserves the right to remove a participant from the program if the instructors deem it necessary to ensure the safety and well being of other participants.,

I have had sufficient opportunity to read this entire document. By signing below I acknowledge that I have read, understood and accept the above waiver of liability.

I agree to indemnify and hold harmless Boys & Girls Club Services from any and all Claims which are brought by, or on behalf of my child which are in any way connected with such use or participation.

I, the undersigned parent/guardian, give permission for my child _____
(please print child's name)
to participate in Boys & Girls Club Services Earth Adventures Summer Day Camp.

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY	Grand Total: \$ _____	Total Received: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card
Payment Received By: _____	Cheque # _____	Credit Card # _____			
Campership: \$ _____	for week: _____	Jumpstart: \$ _____	for week: _____	Exp: _____	Card Type: _____