



# URBAN ADVENTURE SUMMER CAMP 2011 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.bgvic.org](http://www.bgvic.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 250-384-9133.

## 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: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Member Currently Lives With:  Mother  Two Parents  In Care  Other Family Member  
**Please Check Only One**  Father  Shared Custody  Other \_\_\_\_\_

Custody Arrangement / Order:  Yes  No IF YES PLEASE ATTACH TO BACK

## SECTION 3 ~ EMERGENCY INFORMATION

**\*\*Please attach a current photo of your child. This will be used for emergency purposes only.\*\***

Emergency Contact #1: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Care Card 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: \_\_\_\_\_



**SECTION 4 ~ URBAN ADVENTURE (FOR AGES 6 TO 12) AND PRE/POST CARE**

	(Week 1) <i>July 4-8</i> 5 days	(Week 2) <i>July 11-15</i> 5 days	(Week 3) <i>July 18-22</i> 5 days	(Week 4) <i>July 25-29</i> 5 days	(Week 5) <i>Aug 2-5</i> 4 days	(Week 6) <i>Aug 8-12</i> 5 days	(Week 7) <i>Aug 15-19</i> 5 days	(Week 8) <i>Aug 22-26</i> 5 days
	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$120	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Pre Care 8-9am	<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
Post Care 4-5pm	<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

**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/or changes.

\_\_\_\_\_ (Initial)

**SECTION 5 ~ 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 Consideration        |

Please explain further what these considerations are? \_\_\_\_\_

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

Please list any medications your child is currently on: \_\_\_\_\_

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

**SECTION 6 ~ CHILD'S SWIMMING ABILITY**

Please indicate your child's swimming ability:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> <b>Strong Swimmer</b> (Deep Water/<br>Deep Pool) | <input type="checkbox"/> <b>Capable Swimmer</b><br>(Up to Shoulder/<br>Shallow End of Big Pool) | <input type="checkbox"/> <b>Weak Swimmer</b><br>(Waist Deep/ Shallow End<br>of Big Pool) | <input type="checkbox"/> <b>Non-Swimmer</b><br>(Shallow Water<br>Small Pool Only) |
|---|---|--|---|



**SECTION 7 ~ 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: \_\_\_\_\_

**DO NOT RELEASE** Please list those who under any circumstances are **NOT ALLOWED** to pick up your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECTION 8 ~ IMMUNIZATION RECORD**

Please indicate the date immunizations were received: This section must filled in with exact dates.

If you have chosen to **NOT** participate in the immunization schedule, please **SIGN HERE:** \_\_\_\_\_

	1 <sup>st</sup> Visit @2mths	2 <sup>nd</sup> Visit 2mo After 1 <sup>st</sup>	3 <sup>rd</sup> Visit 2mo After 2 <sup>nd</sup>	4 <sup>th</sup> Visit 12mo Of age	5 <sup>th</sup> Visit 12mo After 3 <sup>rd</sup>	18 Months of age	5-6 Years	Grade 6
Indicate Dates Immunizations Received								
DIPHTHERIA	*	*	*		*		*	
PERTUSSIS	*	*	*		*		*	
TENTANUS	*	*	*		*		*	
POLIOMYELITIS	*	*	*		*		*	
HIB 1	*	*	*		*			
MEASLES				*		*		
MUMPS				*		*		
RUBELLA				*		*		
HEPATITIS B								***

**SECTION 9 ~ PROGRAM AWARENESS**

How did you hear about the program? (please check as many as applicable)

- Rack card
- Kids in Victoria
- Website
- Black press
- School
- Vehicle advertisement
- Island Parent
- Word of mouth
- Other \_\_\_\_\_



**SECTION 10 ~ LIABILITY WAIVER**

**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 5 - 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 Licensed Urban Adventure Summer Day Camp.

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

May we send you our annual appeal letter?  Yes  No

Would you like to stay updated through our newsletter and e-newsletter?  Yes  No

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

Yes  No Parent/Guardian Initials: \_\_\_\_\_

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