

**COASTLINE CHALLENGES CAMP
PARENT/GUARDIAN CONSENT FORM**

Youth's name: _____

MEDICAL CARE CARD NUMBER: _____ **PROVINCE:** _____

CONTACT NUMBERS FOR PARENT/GUARDIAN:

NAME: _____
HOME: _____ WORK: _____ PAGER: _____ CEL PHONE: _____

ALTERNATE PERSON TO CONTACT, if parent/guardian cannot be reached (in case of illness or injury):

NAME: _____ RELATIONSHIP: _____ PHONE: _____
ADDRESS: _____

I have read the description of the Coastline Challenges Camp program and I understand that it offers physically and mentally strenuous activities in remote wilderness areas.

I also understand that:

- * I am free to discuss my child's participation both with the Probation Officer and program staff.
- * Drugs, alcohol, weapons, and tobacco products are prohibited in this program.
- * Instructors will carry all medications for security purposes.
- * Staff will not detain nor physically restrain participants unless the safety of anyone is compromised.
- * If a participant leaves the program prior to graduation, he must contact the camp administration office (250)384-9133 to make arrangements for the return of any clothing or personal items.

Please check:

Youth cannot swim _____ Youth can swim more than 50 m _____

1. I give consent for _____ (youth's name) to attend the Coastline Challenges Camp program.
2. I give permission for camp staff to facilitate any emergency and/or medical treatment, which might be necessary.
3. I give permission for Dr. _____, (phone #) _____ to release any pertinent information regarding this youth as it pertains to his attendance at the Wilderness Camp.

Parent/Guardian: _____
Name (print) (signature) (date)