



*Summer Aboriginal
Art Camp
Registration Form
Grades 4 - 7*



Name _____ Date of Birth _____
 Name of Parent/Guardian _____
 Address _____
 _____ Postal Code _____
 E-mail address _____
 Phone (Home) _____ (Work) _____
 Emergency Contact _____ Phone _____
 Doctor _____ Phone _____
 Care Card # _____
 Allergies/Medical Info. _____
 Prescriptions? _____
 Permission to call ambulance if required? _____
 Anything else you would like us to know about your child? _____

Are you of aboriginal heritage? _____ yes _____ no
Camp Location & Date: Blueberry August 8 - 12th

Mail to BCCS, 200 Centre Ave, Castlegar, V1N 3B9 Upon receipt of registration form, confirmation will be sent by e-mail or mail.

Waiver: In consideration of acceptance of my application for participation in the Summer Art Camp, I the undersigned, for myself, my heirs, executors and administrators do hereby waive, remit and release any and all manner of actions, claims or demands which I may have against Summer Art Camps or their agents, representatives and successors.

I have read the foregoing and certify my agreement by my signature.
 Signature of Parent/Guardian _____
 Printed Name _____ Date _____

Consent for Local Field Trips

I accept and understand that my child(ren) _____,

Will be participating in planned field trips (such as walks around the neighbourhood) with the Art Camp Staff. I understand that my child will walk to their destination.

Date

Parent/Guardian Signature