



*Summer French
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: Trail Middle School July 25 - 29th

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