



ESQUIMALT  
PARKS + RECREATION

# CAMP REGISTRATION FORM

## July 2016-May 2017



CHILD'S NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

### FAMILY INFORMATION

Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

### CUSTODY RESTRICTIONS

Are there custody arrangements?

No  Yes. A copy of the custodial order must be attached to the application.

Please state general conditions: \_\_\_\_\_

\_\_\_\_\_

\* List persons legally not permitted access to the child: \_\_\_\_\_

### ALTERNATE PICK-UPS

1. \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

2. \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

3. \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the above Family Contacts and Alternate Pick-ups to pick-up my child from the Esquimalt Camp Programs.

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

Yes, my child (10yrs+) has permission to sign in/out of Esquimalt Camp Programs. **(This does not include Licensed OSC Camps)** Parent/Guardian Signature: \_\_\_\_\_

Yes, my child (12yrs+) has permission to sign in/out younger siblings from Esquimalt Camp Programs. **(This does not include Licensed OSC Camps)** Parent/Guardian Signature: \_\_\_\_\_

## **HEALTH CARE INFORMATION**

BC Care Card Number: \_\_\_\_\_

Family Doctor/Clinic: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### **OSC Licensed Camps Only – Immunization Records**

- My child is up to date on all immunizations and a record is attached.  Record is on file, current OSC only.  
 I choose not to immunize my child and agree to temporarily withdraw my child from the program should the community be facing an epidemic.

## **GENERAL HEALTH INFORMATION**

Does your child have any health problems that we need to be aware of?  Yes  No

Overall health: \_\_\_\_\_

Allergies (food/drug): \_\_\_\_\_

Dietary Needs/Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

*If your child takes medication during program hours you must also complete an "Authorization to Administer Medication Form" available at Esquimalt Recreation Centre or online.*

Special needs and/or require extra support (behavioural, emotional, physical, intellectual, language, etc.)?  
Please specify support needs: \_\_\_\_\_

*Please email the Summer Camp Supervisor to discuss support needs prior to registration*

## **ACKNOWLEDGEMENT & CONSENT**

By signing this document I hereby acknowledge that I have read and consent to the following:

- I hereby give permission for my child to go on out trips arranged by Esquimalt Camp Programs.
- I understand that in the case of an accident or illness, Esquimalt staff will phone an ambulance and a staff person will accompany my child to the hospital. I give authorization for emergency health care.
- I understand that by enrolling my child for camp, I am responsible for the total cost of camp. I understand that if I wish to withdraw my child's enrollment I must provide 1 weeks' notice prior to the start of camp. I accept all responsibility for payment of all accounts rendered to my family.
- I have read and accept the policies and procedures outlined in the Summer Camp Flyer.
- I certify that the information given in this form is complete and true in every aspect, and that I am the legal guardian.

Parent/Guardian of: \_\_\_\_\_

\_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Sign if you **do not wish** to have pictures taken of your child in the program setting for Esquimalt Recreation publicity purposes. Parent/Guardian Signature: \_\_\_\_\_

*Personal information you provide on this form is collected under the authority of the Community Charter and will only be used for the purposes of the Esquimalt Parks & Recreation camp program. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Director of Corporate Services, Township of Esquimalt, 1229 Esquimalt Road, Esquimalt, BC V9A 3P1, 250-414-7135 or [corporate.services@esquimalt.ca](mailto:corporate.services@esquimalt.ca).*