



Spring Break Day Camp

Camp runs 9:30 am – 3:30 pm. Children ages 8-11.

Camp #1 March 21

Camp #2 March 22

Camp #3 March 23

Cost: \$62 + HST per camp. Each camp will combine educational experiences within the Centre, outside exploration, an Ecocruise, and time for fun, games and art. In order to provide a quality experience, group numbers are limited to 10 participants.

Registration Form:

Camp # _____ Male Female

Child's Name _____

Date of Birth (dd/mm/yy) _____ Age _____

Address _____ Postal Code _____

Phone # _____ Email _____

Parent/Guardian Names _____

Phone (work) _____ Phone (cell) _____

Medical Information:

Please note that all non-BC residents need to provide a copy of proof of medical coverage.

Care Card Number _____

Allergies _____ Prescriptions _____

Family Doctor _____ Phone _____



Pick-up Information:

In addition to the parent/guardian named above, the following individual(s) are authorized to pick up the above named child:

1. Name _____ Phone _____
Relationship to Child _____
2. Name _____ Phone _____
Relationship to Child _____

Emergency Contacts:

Please provide 2 additional emergency contacts for your child. These may be the same individuals authorized to pick up your child.

1. Name _____ Phone _____
Relationship to Child _____
2. Name _____ Phone _____
Relationship to Child _____

Other:

Dietary Restrictions _____

Any medical conditions or physical limitations? _____

Any learning disabilities or special needs? _____

Fees & Bookings *Forms may be submitted in person, or by email, fax or mail. No bookings will be made without full payment. Registration is not considered complete unless this form and the Child Waiver and Release Form are both submitted. Cancellations within 14 days of program start date are non-refundable. The Shaw Ocean Discovery Centre reserves the right to cancel a camp prior to the start date due to low registration – in that event, full refunds will apply.*

Staff Use Only:

Method of Payment Cash Cheque Credit Card Debit Date _____

Camp Fees \$ _____ Tax \$ _____ Total Amount Due \$ _____

Staff Initials _____



Please Bring the Following Camp Essentials:

- Warm clothes (some activities are outside, even in the rain!)
- Extra clothes
- Hat
- Gloves or Mitts
- Rain Jacket (& pants if you have)
- Waterproof boots or shoes
- Water bottle
- Snack
- Lunch
- Sunscreen
- Smile

Optional Items:

- Camera (be prepared that it may be exposed to wet conditions!)

Please Don't Bring:

- Valuables
- Toys
- Game consoles



SHAW OCEAN DISCOVERY CENTRE

Child Waiver and Release Form

I hereby acknowledge and grant that my child(ren), whose name(s) appears below and who is(are) a minor has my permission to participate in day camp activities associated with the Shaw Ocean Discovery Centre. (SODC)

Further I understand, acknowledge and consent as follows:

1. I understand there are risks associated with my child(ren)'s participation in activities that could include the possibility of injury.
2. If my child(ren), does not follow the rules of these camp activities, he/she/they may be removed from the camp.
3. My child may receive suitable first aid medical treatment which may be deemed advisable in the event of injury or sudden illness.
4. The Shaw Ocean Discovery Centre may use my child(ren)'s first name and any photographs or video images of my child(ren) that are made during the course of the activities for educational or promotional purposes related to SODC.
5. My child(ren) is physically and mentally capable of participating in daycamp activities.

I hereby assume all risks and responsibilities for my child's participation in SODC programs and waive, release and discharge the Shaw Ocean Discovery Centre and the New Marine Centre Society and their officers, directors, employees and agents, from any responsibility for any harm, loss, personal injury, or death resulting from, arising out of, or in connection with participation in activities with the SODC.

Child's Name: _____

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS SIGNIFICANCE, AND HAVE THE AUTHORITY TO ACT ON BEHALF OF THE ABOVE CHILD.

Print Name: _____

Parent or guardian's name

Signature: _____ Date: _____

Parent or guardian's signature