



Peninsula Co-op's Salish Sea School

All camps run Monday - Friday, 9:30 a.m. – 3:30 p.m. Children in grades 1-5 are welcome to attend (completed in June 2010).

Camp 1: July 5- 9

Camp 5: Aug 9-13

Camp 2: July 12-16

Camp 6: Aug 16-20

Camp 3: July 19-23

Camp 7: Aug 23-27

Camp 4: July 26-30

Cost: \$220 + tax per week. Each camp will combine fun educational experiences in the Centre with field & boat trips, and time for games and art. In order to provide a quality experience, group numbers are limited to 10 participants.

Registration Form:

Camp Week _____

Child's Name _____ Male Female

Date of Birth (dd/mm/yy) _____ Completed Grade _____

Address _____ Postal Code _____

Phone _____ Email _____

Parent or Guardian Name _____

Phone (work) _____ Phone (cell) _____

Medical Information:

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

Care Card Number _____

Allergies _____

Prescriptions _____

Family Doctor Name _____ Phone _____

Emergency Contacts:

Please provide 2 additional emergency contacts for 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? _____

(Please note that if your child requires a personal assistant in school, he/she will require an assistant for the duration of the camp. If this is the case, please also provide the name of the assistant who will be accompanying your child.)

Pick-up Information:

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

1. Name _____ Phone _____
Relationship to Child _____

2. Name _____ Phone _____
Relationship to Child _____

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 7 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 _____ Credit Card _____ Debit _____ Date: _____

Fee: \$ _____ Tax: \$ _____ Total: \$ _____ Staff Initials: _____



A few notes and items to bring with you each day:

Our activities may take us outside on rainy days. Please dress appropriately.

Warm clothes

Extra change of clothes

Hat

Gloves or Mitts

Rain Jacket (& pants if you have them)

Waterproof boots or shoes (or shoes that can get wet)

Water bottle

Snack

Lunch

Sunscreen

Smile

Optional Items:

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

* Please do not bring valuables, toys, game consoles, etc.



**SHAW OCEAN DISCOVERY CENTRE
Child Waiver and Release Form**

I hereby acknowledge and grant that my child, whose name appears below and who is 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's participation in activities that could include the possibility of injury.
2. If my child, does not follow the rules of these camp activities, he/she 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's first name and any photographs or video images of my child that are made during the course of the activities for educational or promotional purposes related to SODC.
5. My child is physically and mentally capable of participating in day camp 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