



2012 DOUGLAS COLLEGE YOUTH PROGRAMS Registration Form

Please print:

Surname: _____ First Name: _____
Address: _____ Unit #: _____
City: _____ Province: _____ Postal Code: _____
Home phone: _____ Cell: _____
Email: _____ [] Male [] Female

DOB: DD / MM / YYYY

I would like to register for:

1. Camp: _____ Week: _____ Cost:\$ _____ Location: _____
2. Camp: _____ Week: _____ Cost:\$ _____ Location: _____
3. Camp: _____ Week: _____ Cost:\$ _____ Location: _____
4. Camp: _____ Week: _____ Cost:\$ _____ Location: _____

Total Charge: \$ _____

Make it a full day camp and pair up any two half day camps for only \$145 before Feb 24 and \$175 after. Sign up for both weeks of Multisport and Computers in Coquitlam and receive an additional \$10 off the combined cost of the camps.

Method of Payment: please tick one box

[] Cheque enclosed, payable to Douglas College
[] VISA [] MasterCard

Card #: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Mail to: Youth Programs Coordinator
Room 1300B
CCL, Douglas College
PO Box 2503
New Westminster, BC V3L 5B2

Fax to: 604-527-5032
Tel: 604-527-5680
Register Online: www.douglascollege.ca/youthcamps

Walk-in: Room 1300B
Douglas College
700 Royal Ave
New Westminster

AWARENESS OF RISK: I hereby approve of my child's attendance in the Douglas College Youth program and certify that he/she is in good health and able to participate in the program activities. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention and waive and release all rights and claims that arise out of my traveling to, participating in, or returning from the program. I understand and I am aware of the associated risks with participation within such a program.

RELEASE WAIVER: I understand that photos/video footage maybe taken to promote future Douglas College Youth program's either as print or internet media. I give full authorization to Douglas College to utilize photos/video footage and acknowledge no compensation of any sort shall be received.

SIGN IN/OUT PROCEDURE: For security reasons, parents or guardians must sign in and sign out their child each session. Parents of participants who are over the age of 12 can sign a waiver releasing their child from this policy allowing their child to sign in and out themselves. This form can be found online and will be made available on the first day of the program.

Medical Issues, If any: _____ (ie. Allergies)

Guardian's Name: _____ Guardian's Signature: _____