## James Park Community School

SUMMER DAY CAMP REGISTRATION 2021

School:				
Child's Name:		Age	: Birth date:	
Care Card / Medical #:				
Parent / Guardian:			Home Phone:	
Address:			Cell:	
Email:				
Emergency Contact:				
Doctor:				
Please list any allergies and			s: SCHEDULE	
CHILDREN'S CAMP	Full Week Cos		Daily Rate	Please Circle Days
M - W1: JULY 05 – JULY 09, 2021	\$150.00		# DAY(S) X \$40.00	MTWTHF
M – W2: JULY 12 – JULY 16, 2021	\$150.00		# DAY(S) X \$40.00	M T W TH F
M – W3: JULY 19 – JULY 23, 2021	\$150.00		# DAY(S) X \$40.00	M T W TH F
M – W4: JULY 26 – JULY 30, 2021	\$150.00		# DAY(S) X \$40.00	M T W TH F
M – W5: AUG 03 – AUG 06, 2021	\$125.00		# DAY(S) X \$40.00	T W TH F
M – W6: AUG. 09 - AUG. 13, 2021	\$150.00		# DAY(S) X \$40.00	M T W TH F
TOTAL WEEKLY FEES: \$			TOTAL DAILY FEES:	\$
Total Camp Fees Due: \$			Coordinator Initials: _	
Paid by Chq#	Cash \$		Receipt Number:	

## **PERMISSION AND ACKNOWLEDGEMENT OF RISK**

Initial	My child has permission to attend functions associated with this program	
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Initial \_\_\_\_\_ My child will be picked up by: \_\_\_\_\_

Or \_\_\_\_\_

Initial \_\_\_\_\_ My child will walk home. YES \_\_\_\_\_ NO \_\_\_\_ PLEASE CHECK (REQUIRED)

- I/We agree that our son/daughter will follow all reasonable instructions and directions of the program instructor(s) in connection with the operation of the Community Schools of School District #43 Coquitlam. While community school camp staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in activities and injury may occur without fault on the part of the student, the School Board, its employees and volunteers, or the facility where the activity is taking place. By allowing your child to participate in this camp, you are agreeing that the camp activities are suitable for your child and acknowledging that you understand there is a risk of injury associated with it.
- In the event that our child(ren)is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize School District staff, program instructors and/or volunteers to seek medical attention on my/our behalf.

Photographs/Published Names: In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 43 (Coquitlam) requires consent to use photographs, videos, copy, names and other information of students, parents, employees, and community members in a variety of publications to promote the School District and its programs and services to the public. This includes newsletters, brochures, newspapers, magazines, reports, websites, social media, radio, television or other communications materials, platforms and formats. I hereby consent to and authorize the use of my child's textual copy, name, voice and physical likeness in photographic, audio, video, hardcopy or electronic reproduction form, in perpetuity, in any communications materials and formats produced by School District No. 43 (Coquitlam) for the outlines above. use I understand that the choice of which reproduction is to be used, if any, is at the discretion of the School District No. 43 (Coquitlam) (or its designated departments) and that the decision would be based on artistic merit, specific design needs and technical requirements.

**VES** - I give my consent for the publication of my child's photograph/name and comments for purposes consistent with the above.

**NO** - I do not permit the publication of my child's photograph/name and comments for purposes consistent with the above.

## **Summer Camp Cancellation Policy**

A full refund will be given for any cancelled weeks prior June 18, 2021. Any cancellations after June 18, 2021 will be charged a \$25.00 *administration fee* for each week cancelled. If you cancel during the camp, refunds will not be issued for paper registration (cash and cheque payments) until September when the School Accounting Clerk returns. Online registrations refunds will be available during summer camp.

Signature of Parent/ Guardian\_\_\_\_\_

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