

# PITT RIVER COMMUNITY SCHOOL

## SUMMER DAY CAMP REGISTRATION 2022

Please complete the front and back of the form

School Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Care Card / Medical #: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

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

Emergency Contact (Other than parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies and/or medical concerns: \_\_\_\_\_

## CAMP FEE SCHEDULE

<u>CHILDREN'S CAMP</u>	Camps		Full Week Cost	Daily Rate	<u>Please Circle Days</u>
M - W1: JULY 04 – JULY 08, 2022	Full Day Camp	<input type="checkbox"/>	\$ 200	# ___ DAY(S) X \$50.00	M T W TH F
M – W2: JULY 11 – JULY 15, 2022	Full Day Camp	<input type="checkbox"/>	\$ 200	# ___ DAY(S) X \$50.00	M T W TH F
M – W3: JULY 18 – JULY 22, 2022	Full Day Camp	<input type="checkbox"/>	\$ 200	# ___ DAY(S) X \$50.00	M T W TH F
M – W4: JULY 25 – JULY 29, 2022	Full Day Camp	<input type="checkbox"/>	\$ 200	# ___ DAY(S) X \$50.00	M T W TH F
M – W5: AUG 02 – AUG 05, 2022	Full Day Camp	<input type="checkbox"/>	\$ 160	# ___ DAY(S) X \$50.00	T W TH F
M – W6: AUG 08 – AUG 12, 2022	Full Day Camp	<input type="checkbox"/>	\$ 200	# ___ DAY(S) X \$50.00	M T W TH F

TOTAL WEEKLY FEES: \$ \_\_\_\_\_

TOTAL DAILY FEES: \$ \_\_\_\_\_

Total Fees Due (A+ B): \$ \_\_\_\_\_

Coupon Amount: \$ \_\_\_\_\_

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

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 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 use outlined above.

I understand that the choice of which reproduction is to be used, if any, is at the discretion of 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.

I also understand that I do not have copyrights to, or legal ownership of, any textual copy or reproductions made and used by School District No. 43 (Coquitlam) and covered by this release.

I also hereby release, discharge and agree to save harmless School District No. 43 (Coquitlam), its trustees, employees, students and all heirs, legal representatives or assignees from any liability, including without limitation, any claims for libel or invasion of privacy.

☐ YES - 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 3, 2022. Any cancellations after June 3, 2022 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.

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

Date \_\_\_\_\_