



Summer Camp Consent Form 2020

Please complete and mail to Camp Squeah

Mail: Attn Registrar; #4 -27915 Trans-Canada Highway, Hope BC, V0X 1L3

Email: registrar@squeah.com; Fax: 604-869-5364; Phone: 604-869-5353

Personal Information (please print)

Camper Name _____

Dates attending Camp Squeah: _____ to _____

Or Name of Camper Week: _____

Parent/Guardian Name: _____

Behaviour Expectations and Conditions of Enrolment

- Camp Squeah reserves the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that they have rejected the reasonable controls and supervision of the camp staff.
- Conditions of custody, if applicable, must be fully communicated in writing to the camp, including a photocopy of the section of any order referring to visitation rights.
- Failure to disclose information, including but not limited to medical problems or concerns, at time of registration could result in the camper being asked to leave the camp. *If you have questions about this, please contact us.*

Lice & Bed Bug Policy

- For everyone's safety and comfort, children who have lice or bed bugs will not be permitted to attend camp until treated.
- If a camper arrives and is found to have lice they will receive our lice treatment as per our lice-be-gone policy.
- If bed bugs are identified in a cabin, steps will be taken to ensure that campers and their belongings are cared for to minimize discomfort and prevent spread to other campers or returning home. In such a case, instructions will be provided at pick-up time.

Professional Medical Care

- Should a camper require a physician while they are at camp, there is access to a medical clinic and a hospital in the town of Hope (approximately a 15 minute drive by car).
- If a camper has need of professional medical attention, or any serious medical need, the parent/guardian or emergency contact person will be contacted by our Camp Medical Attendant to be made aware of the situation and well-being of the camper.
- Should a camper incur costs such as prescriptions, feminine hygiene products, etc., these will be passed on to a parent/guardian at pick-up time.

Media Release Waiver

- I/we authorize Camp Squeah to use the image, including any photographs, video, audio, written or other media taken of the above named camper while participating in Camp Squeah programs for brochures, promotional, online, and fundraising materials.
Agree Disagree

- I/we authorize Camp Squeah to use the image, including any photographs, taken of the above named camper while participating in Camp Squeah programs for inclusion on a postcard distributed to the camper and their cabin mates.

Consent

- In the event of a minor medical occurrence, I give my approval for common "over the counter" preparations, such as Tylenol, Polysporin or antihistamines, to be provided at the discretion of the Camp Medical Attendant.
- I also authorize the Director or the Camp Medical Attendant to seek all necessary medical attention, in the event that I and the emergency contact person cannot be reached.
- I further release Camp Squeah and its personnel from all claims and damages arising from any accidents or injuries occurring while my child is at Camp Squeah.

Parent/Guardian Signature _____

Date _____

Please contact Camp Squeah if you have any questions about information on this form