



Spring Break Day Camp Registration Form 2018

To register, please fill out and return this form to Camp Squeah, #4 – 27915 Trans Can Hwy, Hope, BC V0X 1L3, or by fax: 604 869 5364 or to tim@squeah.com. **The cost of Spring Break Camp is \$30 per day.** Otherwise, payment can be mailed in by cheque. Alternatively, cheque or cash or credit card may be used at the camp in person.

CAMPER INFORMATION & DAYS REGISTERING

Name: _____ Gender: Male Female D.O.B.: ____/____/____ Grade: _____

Dates attending: March 19-23, 2018: Mon Tue Wed Thu Fri Day Month Year

Name: _____ Gender: Male Female D.O.B.: ____/____/____ Grade: _____

Dates attending: March 19-23, 2018: Mon Tue Wed Thu Fri Day Month Year

Name: _____ Gender: Male Female D.O.B.: ____/____/____ Grade: _____

Dates attending: March 19-23, 2018: Mon Tue Wed Thu Fri Day Month Year

Name: _____ Gender: Male Female D.O.B.: ____/____/____ Grade: _____

Dates attending: March 19-23, 2018: Mon Tue Wed Thu Fri Day Month Year

Name: _____ Gender: Male Female D.O.B.: ____/____/____ Grade: _____

Dates attending: March 19-23, 2018: Mon Tue Wed Thu Fri Day Month Year

Name: _____ Gender: Male Female D.O.B.: ____/____/____ Grade: _____

Dates attending: March 19-23, 2018: Mon Tue Wed Thu Fri Day Month Year

PARENT/GUARDIAN INFORMATION

Name: _____

Street address: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

PAYMENT INFORMATION

Cheque or money-order enclosed \$ _____

A receipt will be mailed to you for income tax purposes

Credit Card Info Only:

Card Type: Visa Mastercard CCV# _____ Card# _____ Exp. Date _____

Name on the card _____ Cardholder signature _____

Cheque Info Only:

Cheque # _____ Cheque Date _____ Name of Account Holder _____

MEDICAL INFORMATION

Does your child have any medical or behavioural conditions or medication we should be aware of? Are they allergic to any foods (we provide a daily snack as well as lunch on Friday)? State these below:

Please leave all medication with Camp Squeah staff at the beginning of the day. A certified medical attendant will be present during all camps. Activities will include a hike and other vigorous outside activity. Please be prepared to play and enjoy the outdoors rain or shine.

TRANSPORTATION

Bus service to and from Coquihalla Elementary is available. The bus will leave at 8:40am and will return around 3:15pm. Please let us know if you will be needing transportation for your child(ren), as space is limited:

Do you need transportation? Yes, all children every day No

Just for these children and days: _____

CONSENT

In the event of a minor medical occurrence, I give my approval for common "over the counter" preparations, such as Tylenol 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 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.

Signature of Parent/Guardian: _____ **Date:** _____

I hereby **DO NOT** authorize Camp Squeah to use any photographs taken of my child while participating in Camp Squeah programs for brochure and promotional materials.