



Kids Kamp Registration Form

Please PRINT all information and fill out applicable sections completely

This form must be completed and submitted with payment and a copy of the participant's birth certificate and immunization records to the District of Taylor office or Community Services Hub in order for your child to participate.

FEES FOR FULL DAY AND HALF DAY

FULL DAY: 8:00 AM – 5:00 PM

Includes: 2 snacks each day

Week 1: \$120

Week 2: \$240

Week 3: \$330

Week 4: \$420

Week 5: \$510

Week 6: \$570

SCHEDULE

Week 1: July 20 – July 24, 2020

Week 2: July 27 – July 31, 2020

Week 3: August 4 – August 7, 2020 (cost will be prorated for this 4 day week)

Week 4: August 10 – August 14, 2020

Week 5: August 17 – August 21, 2020

Week 6: August 24 – August 28, 2020

PROGRAM REGISTRATION AND COST

REGISTRATION	PROGRAM (FULL)	COST
CHILD #1	_____	\$ _____
CHILD #2	_____	\$ _____
CHILD #3	_____	\$ _____
TOTAL AMOUNT		\$ _____



MEDICAL INFORMATION

We ask that you complete the portion below completely and carefully. Taylor Kids Kamp staff rely on this information to provide first aid treatment to your child if there is an accident during the program.

BC Care Card #: _____ Doctor's Name: _____ Doctor's Phone #: _____

Address: _____ Town: _____ Province: _____ Postal Code: _____

Please explain answers fully

1. Does the participant have any medical conditions or take any medications that we should be aware of (example: asthma)? If yes, complete an "Administration of Prescribed and Non-Prescribed Medication" form. Yes No

2. Please list any allergies (include those to food, medication, environment)?

3. Please list any special diet requirements.

4. Does the participant have any allergies or sensitivity to sunscreen? Yes No

5. Please list any fears that leaders should be aware of (for example: water, bees)?

6. Does the participant have any physical or emotional challenges? If yes, please explain each one.

7. Please list any family information or special instructions that the instructor should be aware of:

Signature of Parent/Guardian: _____

Date: _____



MEDICAL RELEASE

I _____, as the Parent/Guardian of _____, in the event that my child is injured, ill or in need of medical attention, I authorize the Taylor Kids Kamp staff and/or leader or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond.

I authorize in the event of an emergency situation, the participant to be transported by the designated leaders or drivers, or arrange for transport by ambulance to the nearest suitable medical or hospital facility when injury is not treatable at the scene. I also authorize the participant to be medically treated as determined appropriate by Kids Kamp staff/Leadership. I agree that any cost incurred for such services shall be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

CONSENT FORMS

SPONTANEOUS FIELD TRIP

I hereby give permission for my child, _____ to participate in spontaneous field trips (park, grocery store, etc.) under the supervision of Taylor Kids Kamp Leaders.

I understand that notices (when, where, time of return, contact phone #) will be posted on the doors of the Community Hall anytime the Kids Kamp initiates a spontaneous Field Trip.

Signature of Parent/Guardian: _____ Date: _____

FIELD TRIP CONSENT FORM

I hereby give permission for my child, _____ to participate in organized field trips under the leadership and supervision of the Kids Kamp Leaders. Due to the COVID-19 Pandemic, no group/bus transportation will be provided, all field trips will be walking or change of location drop off/pick up will be advised.

I understand that notices (when, where, time of return, contact phone #) will be posted on the doors of the Community Hall anytime the Kids Kamp initiates a spontaneous Field Trip.

Signature of Parent/Guardian: _____ Date: _____

TAYLOR KIDS KAMP PHOTO CONSENT FORM

I give permission that photographs and videos of my child(ren) taken during the program can be used for in-house purposes within the District of Taylor including the District of Taylor homepage, Facebook page and Future Kids Kamp flyers. I understand that the names of my child(ren) will not be published without my written permission.

Signature of Parent/Guardian: _____ Date: _____



PICK UP AUTHORIZATION

The following individuals are authorized to pick up my child at the end of this class. My child will only be released to the individuals listed below. Identification may be required.

Parent/Guardian

Parent/Guardian

Authorized Person Relationship to Child

Authorized Person Relationship to Child

Authorized Person Relationship to Child

Authorized Person Relationship to Child

Signature of Parent/Guardian: _____

Date: _____

SELF SIGN-OUT CONSENT FORM

As the parent/guardian of _____, I _____, hereby authorize my child to sign himself/herself in and out of the Taylor Kids Kamp. I authorize the District of Taylor Kids Kamp staff to allow the participant to leave the program unaccompanied after signing out. District of Taylor Kids Kamp staff is not responsible for monitoring my child’s location or activities after he/she has signed out of the program.

If my child leaves the program without signing out, I will be responsible for all ensuing costs related to the District of Taylor’s attempts to locate the child.

If I no longer wish for my child to be permitted to sign himself/herself out, I must provide a written letter to the District of Taylor Kids Kamp Program staff stating this request.

Signature of Parent/Guardian: _____

Date: _____

ACKNOWLEDEMENT & CONSENT

I, _____, have read the District of Taylor Kids Kamp Summer Program Handbook and registration form and acknowledge that I completely understand and agree to abide by the outlined rules and procedures while my child is in attendance. I state that the information provided in the registration is accurate and to my best knowledge.

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming, field trips and other sports and games. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child’s property may be damaged, as a result of participating in the program.

I agree that I understand the risks involved with the current COVID-19 pandemic and consent to my child/children attending the District of Taylor Kids Kamp. Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program.

Signature of Parent/Guardian: _____

Date: _____

OFFICE USE ONLY: DATE RECEIVED _____

STAFF INITIAL _____