



PARENT INFORMATION

Congratulations on registering your child in our KinPark Kids Summer Camp! We do our very best to ensure all children have a great experience.

In order to guarantee a fantastic summer, we have a few requests and some information for you:

1. To create a safe and respectful environment, we have a 'hands off' rule for all children and counselors. This also includes zero tolerance for disrespectful language, bullying and teasing of other campers and counselors, and not listening to the counselors and other campers. This will be discussed and reinforced with all children. We appreciate you discussing this with your child prior to the start of camp *If children continually disregard these rules, counselors will call their caregiver(s), or emergency contact for the child(ren) to be picked up. If this behavior continues after discussions with both the child(ren) and caregiver(s), the child(ren) will be removed from summer camp.*
2. Since your child's safety is our primary concern, we will NOT release your child to anyone other than yourself and the people you have designated on the Sign In/Out form.
3. Please send your child with a backpack or suitable carrying bag containing:
 - √ change of clothes and a hat
 - √ sunscreen
 - √ swim suit and towel
 - √ full water bottle
 - √ litter-less lunch (if possible) and snacks.

Children should wear suitable shoes for walking (runners), with the option of sandals to keep cool. This is an urban farm, so please dress children appropriately (no Sunday Bests). Please ensure ALL items are clearly labeled. Although we will strive to keep track of everything, we are not responsible for lost items. Our camp is electronics-free, so please do not allow your child to bring cellphones, tablets, and other handheld devices to camp!

4. Please adhere to drop off (9 AM) and pick up times (4:30 PM), unless you have made other arrangements with us. Please notify us if there is a change in plans or if you are picking up your child early, in case we are going on an outing.
5. **For emergency contact only**, please call our cell phones:
 - Laura Boyd-Clowes: 250-256-8794
 - Alyssa Krawchuk: 250-732-3515

We know children don't always want to share all the events in their day, so please feel free to call us at 250-748-8506 anytime if you have questions, concerns or just want an update on our activities or how your child is doing.

Thank you very much for your assistance and co-operation. We look forward to a fabulously exciting summer with all the children.

Yours truly,
Your KinPark Kid's Camp Staff and Counsellors



Cowichan Green Community
360 Duncan Street, Duncan, BC, V9L 3W4
Ph./fax (250) 748-8506
camp@cowichangreencommunity.org

Registration Form

Camper Name (first and last): _____

Address _____ City: _____

Postal Code _____ Birth Date (day/month/year): _____

Gender _____

Week

No. 1 No. 2 No. 3 No. 4 No. 5 No. 6 No. 7 No. 8
Jul 3-6 Jul 9-13 Jul 16-20 Jul 23-27 Jul 30-Aug 3 Aug 7-10 Aug 13-17 Aug 20-24

No. 9
Aug 27-Aug 31

Fees: Week 2, 3, 4, 5, and 7, 8, and 9 - \$150.00 Week 1 and Week 6 - \$120.00

Payments are accepted by cheque, cash or major credit cards, at the Garden Pantry Thrift Store, 360 Duncan Street. Mail cheques payable to Cowichan Green Community, 360 Duncan Street, Duncan, BC V9L 3W4. Email registration to camp@cowichangreencommunity.org.

NOTE: THIS REGISTRATION FORM IS TO BE SIGNED BY A PARENT OR GUARDIAN

Is there anything that would prevent your child's full participation in the yoga program?

Yes No

If yes, please provide explanation:

As a condition of acceptance of the above-named camper, I/we agree to indemnify Cowichan Green Community in respect of any loss or injury to the student, and to assume full responsibility for medical and other expenses in the event of illness or accident. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, or leader, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child, as named above. I also give permission for the camp's director to administer non-prescription medication within recommended dosage if required. I have read and agreed to the Conditions of Enrollment.

Signed By: Date:

Print Name: Res. Phone:

Relationship: Bus./cell Phone:

Email address: _____



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Conditions of Enrollment

- 1) **Registration fee and all health forms, waiver forms and a photocopy of your child's health card must be received one week before the camp start date.** Your registration may be cancelled if the fee or any forms are missing by this date.
- 2) The Camp Director reserves the unconditional right to dismiss a camper, who, in his/her opinion, has displayed unacceptable behaviour and/or has not complied with the rules of the camp. Such termination may be given without prior warning or notice, and the student's registration fee shall be non-refundable.
- 3) The parent(s) or guardian(s) submitting this application are those having legal custody over the child. Conditions of custody and access, if applicable, should be fully communicated in writing to the camp.
- 4) I hereby give permission and the legal right to Cowichan Green Community for the use and ownership of any written or audio-visual material, and photographs of the enrolled student for publicity and promotional purposes.
- 5) Camp cancelation policy states that we reserve the right to cancel the camp due to insufficient registration or other such reasonable cause within 48 hours of the start of camp. Notice of cancellation shall be delivered by email or phone, and the camp registration fee shall be fully refunded.
- 6) In the event a student's parent and/or guardian cancels his or her child's enrolment in the camp, that student's registration fee shall be refunded on the following terms:
 - If notice is received 2 weeks in advance from the start of the first day of camp, you shall be entitled to a full refund;
 - If notice is received 1 week in advance from the start of the first day of camp, you shall be entitled to a 50% refund; and
 - If notice is received 48 hours in advance from the start of the first day of camp, you shall not be entitled to a refund.



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**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**By signing this document you will waive certain legal rights,
including the right to sue.**

PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that activities, including yoga and swimming, involves risks including risk of personal injury. Included in these risks are negligence on the part of Cowichan Green Community, its staff, board, members, instructors, leaders, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Cowichan Green Community and others"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including the loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Cowichan Green Community Society accepting my application to participate in this activity, I agree:

1. To waive any and all claims I may have in the future against Cowichan Green Community and others.
2. To release Cowichan Green Community and others, from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result in my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care
3. To hold harmless and indemnify Cowichan Green Community and others from any and all liability for any damage to or loss of property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT, I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST COWICHAN GREEN COMMUNITY AND OTHERS.

Signed this _____ day of _____, 2018.

Signature of Witness

Signature of Applicant or Legal Guardian
(if under 18 years of age)

Please Print Name Clearly

Please Print Name Clearly



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KINPARK KID'S CAMP
HEALTH FORM

Participant's Name: _____ **Phone:** _____

Parents/Legal Guardians: _____

Health Card # _____

Health Insurance Co. Name _____ Policy # _____

Emergency Contact 1: _____ Home Phone _____

Work/Cell Phone: _____

Emergency Contact 2: _____ Home Phone: _____

Work /Cell Phone: _____

Physician's Name _____ Phone: _____

Swimming Ability: Very Good Average Beginner

Please list any current swimming qualifications your child has: _____

Does your child have any special dietary requirements?

Food allergies:

Drug allergies:

Please list any other allergies (latex, insects, plants, animals etc.):

Does your child carry an EPI-PEN? yes no Do you carry an ANA-KIT? yes no

Please state the date and severity of their last major allergic reaction.



Immunizations (please provide dates):

Mumps/Measles/Rubella _____ Diphtheria _____ Tetanus _____
Pertussis _____ Polio _____ Hepatitis B _____

Please check if your child has had any of the following and give approximate dates.

Asthma _____	Scarlet Fever _____	Behaviour Disorder _____
Tonsillectomy _____	Sinus Trouble _____	Epilepsy/Fainting _____
Hay Fever _____	Mumps _____	Heart Condition _____
Hepatitis _____	Adenoidectomy _____	Whooping Cough _____
Diabetes _____	Kidney Trouble _____	Severe Stomach Ache _____
Frequent Colds _____	Chicken Pox _____	Measles _____
Ear Aches _____	Hernia Repair _____	Tuberculosis _____

Please list any major operations and approximate dates:

Please state any other physical or emotional conditions, chronic illnesses or complaints, etc.

Will your child be taking any medication? (this includes inhalers) Yes No

If yes, please state the type, dosage and possible side effects.

From a first aid perspective, it is vital that your leaders know as much as possible so that in event of emergency, they can make quick, informed decisions. Is there anything else that you feel necessary for us to know?

We cannot guarantee a peanut free environment. I confirm that my child does not have this allergy.

Parents/Guardian's Signature

Date



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“Sign Out” Permission Form

Name of student _____

The following is a list of all persons who have permission to pick up my child from Cowichan Green Community.

Name Relationship to child Phone number

Name Relationship to child Phone number

Name Relationship to child Phone number

Please be advised that we will NOT release your child to anyone not on this list!!

We realize emergencies do occur. Ensure you have back up and that you advise us if any information changes. Please also advise us if there is custody information that we should be aware of. This information will be kept strictly confidential.

Thank you for your assistance.

Signed By: Date:

Print Name: Res. Phone:

Relationship: Bus. Phone: