

Address: 1786 Angus Campbell Rd, Abbotsford, BC V3G 2E2

Camp Contacts: Mia Soetaert, CYCP 604-854-6064 agadventures@aitc.ca

DAY/WEEKLY CAMP PROGRAM REGISTRATION FORM

Spring Gardening Camp March 24-28 2025 9:00am-4:00pm AGES: 6 -12 YEARS

(Must be completed prior to first day of camp)

Child's Name	age	Birthdate
Address		
Parent's Name	Cell Phone	
Home Phone		
Email Address:		
In the case the parent(s) caregiver of	annot be reached, we sho	uld contact:
Rel	ationship	Phone
Rel		
Please list ALL people authorized to	•	of day camp.
Please list any medical conditions allergies, ADHD, ADD, physical or le your child.		, , , , , , , , , , , , , , , , , , , ,
If your child has an allergy, please lis	st signs, symptoms, and tr	eatment:
****Parent/Supervisor consultation	n should take place on fi	rst day at camp.
Will your child require to take any me	edication while in our prog	ram? yes 🔘 no 🔘
If yes , do you grant your child permi below?	ssion to take his/her medio	cation as directed in the chart yes \(\cap \) no \(\cap \)

Children with reported allergies/medication use will wear a specific-coloured wristband to identify allergy/medication type and time of dosage while in our care. An allergy form is completed at the time of sign in to ensure the camp staff have the most current emergency contact information.



**** Medication must not be stored with personal belongings (i.e. backpacks, lunch bags)

Drug	Prescription #	Dose	Time(s)	Signature

PLEASE NOTE: The camp staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it according to written instructions. Staff are not responsible for "missed doses" but will do their best to avoid this situation.

Medication (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child's name on it.

Anaphylaxis management and the use of epinephrine auto-injectors (Epi-pen or Twinject) is a shared responsibility. Practicing emergency drills with your child results in effective emergency response in the case of a reaction.

Campers must be mindful of their allergies. Campers should:

- 1. Carry at least one epinephrine auto-injector (Epi-pen or Twinject) as age appropriate
- 2. Wear medical identification (Medic Alert bracelet)
- 3. Inform staff if he/she suspects a reaction is happening
- 4. Ensure that asthma is well controlled and managed coming into the environment (indoor/outdoor play)

In the case of a camper experiencing a severe, potentially life-threatening allergic reaction, staff will administer the epinephrine auto-injector and call 911. For EMS needs, please complete the following.

Health card #	Doctor's Name:	
Doctor's phone no		



Rain Sense: It is recommended that children arrive at day camp with appropriate clothing. I.E. Rainboots/Coat/Mitts

Sun Sense: It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with your child's name in their backpacks for additional application. Please show your child how to apply sunscreen to themselves.

If you	child	does not	have any	sunsc	reen	avail	lable,	does t	he cent	re have	e the a	authoria	zation to
make	some	available	to them?	yes	0	no	\bigcirc						
Attent	ion: N	/ly child h	as an alle	rgy to s	suns	creer	n yes	s ()	no ()				

Behaviour Contract: BC Agriculture in the Classroom Foundation reserves the right to ask parents to withdraw their child from the Summer Gardening Camp or Specialty Camps if basic behaviour expectations are not met.

Examples:

- Verbal or physical abuse against campers or staff
- Stealing or any other illegal actions
- Behaviour that causes constant distraction for other campers or staff
- Constant disregard towards staff's direction or guidance.

It is understood that participants will be properly supervised and that reasonable safety precautions will be taken.

Upon signing this form, permission is given to BC Agriculture in The Classroom Foundation or its representatives to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/or guardian.

I have read and understand ALL of the information in this day camp package including the Day Camp Guideline sheet, this consent form, information pertaining to the behaviour policy, refunds, credits and absenteeism.

	_ Signature of Parent/Guardian
Date	

This information is used for the purpose of program registration only. Additional questions respecting the Spring Gardening Camp and/or Specialty Camps being offered BC Agriculture in The Classroom Foundation can be directed to the Garden Programs Coordinator Mia at agadventures@aitc.ca or 604-854-6064.



PARENT CONSENT FORM

Name of Participant:	
Address:	
Postal Code:Phone:_	
RELEASE AND INDEMNITY:	
I, the Participant's Parent/Guardian, hereby grant my son/o	daughter/ward
Permission to participate in the:	
(BC Agriculture in The Classroom's Ca	amp/Day program)
The Participant and I do hereby release BC Agriculture In Corporation) its servants, agents, employees and voluntee liabilities, actions or causes of action in any way arising out Participant's participation in the above activity and use of a Corporation.	ers from all claims, demands, at of the above activity including the
Without restricting the generality of the foregoing, the Part forever discharge the Corporation, its servants, agents, en claims, demands, liabilities, actions or causes of action for to property (whether or not owned by the Participant) which Activity(s) and such participation and use, save and except by the Corporation, its servants, agents and employees.	nployees and volunteers from all personal injury, or death or damage h may be sustained during the said
The Participants and I further agree to defend, indemnify a servants, agents and employees from any and all claims, a made by third parties in any way referable to the said ever	demands of liabilities which may be
This Release and indemnity shall be binding upon the Part Parent/Guardian and our respective heirs, executors, and benefit of the Corporation, its servants, agents and employ and their heirs, executors, administrators, and successors	administrators and shall ensure to the yees and its successors and assigns
Participant's Parent or Guardian (signature)	Name (print)



PHOTO RELEASE CONSENT FORM

l Name of parent/guardian
Consent to the use of photographs or video footage by BC Agriculture in the Classroom Foundation of my child. I understand photos/videos may be used in newspapers, BC Agriculture in the Classroom Foundation website, printed materials or social media.
I further understand that this consent may be withdrawn by me at any time, upon written notice.
Name of child
Signature of parent/guardian
Date

BC Agriculture in the Classroom Foundation (BCAITC) is a non-profit foundation working with educators through various programs to bring BC's agriculture to their students. To learn more about BCAITC, please visit bcaitc.ca.