



WEEKLY SUMMER CAMP PROGRAM REGISTRATION FORM

Please select the camp(s) from the list below

Full day Camps - \$200 (8:30am – 4:30PM)

- ☐ **CAMP WEEK 1: ANIMALS ON THE FARM July 27-31 AGES 6-11 YEARS**
- ☐ **CAMP WEEK 2: FROM SEED TO SUPPER August 10 - 14 AGES: 6 -11 YEARS**
- ☐ **CAMP WEEK 3: SPLASH TO SPROUT August 17- 21 - 14 AGES: 6 -11 YEARS**

(Must be completed and paid to ensure registration)

Child's Name _____ Age _____ Birthdate _____
Address _____ Postal Code _____

Parent's Name _____ Cell Phone _____
Home Phone _____ Work No _____

Email Address: _____

In the case the parent(s) caregiver cannot be reached, we should contact:

_____ Relationship _____ Phone _____
_____ Relationship _____ Phone _____

Please list ALL people authorized to sign your child in and out of day camp.

Medical:

Please list any medical conditions we should be made aware of (i.e. usage of an Epi-pen*, allergies, ADHD, ADD, physical or learning disabilities or anything special we should know about your child.

If your child has an allergy, please list signs, symptoms, and treatment:

******Parent/Supervisor consultation should take place on first day at camp.**



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 your child does not have any sunscreen available, does the centre have the authorization to make some available to them?

yes ☐ no ☐

Attention: My child has an allergy to sunscreen yes ☐ no ☐

Behaviour Contract: BC Agriculture in the Classroom Foundation reserves the right to ask parents to withdraw their child from the Summer Adventure 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 Summer Adventure Camp and/or Specialty Camps being offered BC Agriculture in The Classroom Foundation can be directed to the Garden Programs Coordinator Alison at agadventures@aitc.ca or 604-854-6064.

Address: 1786 Angus Campbell Road, Abbotsford BC V3G 2E2
Camp Contacts: 604- 854- 6064 or agadventures@aitc.ca



PARENT CONSENT FORM

Name of Participant: _____

Address: _____

Postal Code: _____ Phone: _____

RELEASE AND INDEMNITY:

I, the Participant's Parent/Guardian, hereby grant my son/daughter/ward _____

Permission to participate in the: _____

(BC Agriculture In The Classroom's Camp/Day program)

The Participant and I do hereby release BC Agriculture In The Classroom Foundation (the Corporation) its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action in any way arising out of the above activity including the Participant's participation in the above activity and use of any associated facilities of the Corporation.

Without restricting the generality of the foregoing, the Participant and I do hereby release and forever discharge the Corporation, its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action for personal injury, or death or damage to property (whether or not owned by the Participant) which may be sustained during the said Activity(s) and such participation and use, save and except as may arise from acts of negligence by the Corporation, its servants, agents and employees.

The Participants and I further agree to defend, indemnify and save harmless the Corporation, its servants, agents and employees from any and all claims, demands of liabilities which may be made by third parties in any way referable to the said events or such participation or use.

This Release and indemnity shall be binding upon the Participant, me, the Participant's Parent/Guardian and our respective heirs, executors, and administrators and shall ensure to the benefit of the Corporation, its servants, agents and employees and its successors and assigns and their heirs, executors, administrators, and successors, respectively.

Participant's Parent or Guardian (signature)

Name (print)



_____ Date

PHOTO RELEASE CONSENT FORM

I
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.