



2010 Evans Lake Summer Camp Registration Form

#301 – 3701 Hastings St., Burnaby, BC V5C 2H6

T: 604-294-CAMP (2267) F: 604-294-2287

E: info@evanslake.com www.evanslake.com

Office use

Camper First Name	Camper Last Name	Sex	day	Date of Birth month	year	Home Phone number	First Time at Evans Lake <input type="checkbox"/> Yes <input type="checkbox"/> No
Registering Parent First Name	Registering Parent Last Name	Parent E-mail			Other Daytime Phone	Cell Phone/pager	
Other Parent/Guardian First Name	Other Parent/Guardian Last Name	Other Parent E-mail			Other Daytime Phone	Cell Phone/pager	
Home Mailing Street			City		Postal Code		
Emergency Contact Person (other than parent)	Phone	Care Card Number			Doctor's Name	Doctor's Phone	

Camp Choice	Dates	Youth Camps		Teen Camps, Leadership and OAK		
	Fees include a \$25 non-refundable deposit	#1 July 3 – July 9	7 days		<input type="checkbox"/> Teen Camp (13-16 yrs)	
#2 July 11 – 16		6 days	<input type="checkbox"/> (8-12 yrs)	\$475	<input type="checkbox"/> Leadership (14-16 yrs)	\$475
#3 July 18 – 23		6 days	<input type="checkbox"/> (8-12 yrs)	\$475	<input type="checkbox"/> OAK: Ziptrek Ecotour (13-16 yrs)	\$675
#4 July 25 – July 30		6 days	<input type="checkbox"/> (8-12 yrs)	\$475	<input type="checkbox"/> OAK: White Water (13-16 yrs)	\$675
#5 August 2 – Aug 7		6 days	<input type="checkbox"/> (8-12 yrs)	\$475	<input type="checkbox"/> Teen Camp (13-16 yrs)	\$475
#6 August 8 – 13		6 days	<input type="checkbox"/> (8-12 yrs)	\$475	<input type="checkbox"/> Teen Camp (13-16 yrs)	\$475
#7 August 15 – 21		7 days			<input type="checkbox"/> Teen Camp (13-16 yrs)	\$525
#8 August 22 – 27		6 days	<input type="checkbox"/> (8-12 yrs)	\$475	<input type="checkbox"/> Leadership (14-16 yrs)	\$475
Fees include HST	<input type="checkbox"/> Optional- One hour of Horseback Riding offered once during the camp session: \$55. A Separate Waiver is required. <i>Not available for OAK & Leadership Campers.</i>					
	T Shirt Size <input type="checkbox"/> Youth Sm <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Lrg <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL					

Bus Stops Please check departure and return bus times	Old Yale Road School 10135-132 St, Surrey	Patterson Skytrain Station	Horseshoe Bay Ferry Terminal	Sea to Sky Hotel, Squamish
TO CAMP	<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 10:30 am	<input type="checkbox"/> 11:00 am	<input type="checkbox"/> 12:00 pm
FROM CAMP	<input type="checkbox"/> 5:30 pm	<input type="checkbox"/> 5:00 pm	<input type="checkbox"/> 4:30 pm	<input type="checkbox"/> 3:30 pm

Return Bus Stop Release Instructions:

Unless other arrangements are confirmed in writing, campers not met by a parent or other adult known to the child, will remain with camp staff until the parent can be contacted. Please note the buses cannot wait at the bus stops on the way to camp.

Is there anyone your child should **not** be released to? _____

PAYMENT ARRANGEMENTS

<input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Basic Camp Fee -	\$ _____
Card Number	Expiry	\$25 Discount for registration and payment before March 31 st	\$ _____
Cardholder Name		Horseback Riding Option (\$55)	\$ _____
Cardholder Signature		Subtotal	\$ _____
		Donation to assist a less fortunate child attend camp	\$ _____
		TOTAL	\$ _____

I/we agree that our child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by the Evans Lake Forest Education Society (ELFES) in connection with the operation of the Evans Lake Forest Education Centre.

I/we hereby release, remise and forever discharge ELFES, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by ELFES

I/we authorize ELFES to use any photographs or video taken of our child or family while participating in Evans Lake programs for ELFES brochures, promotional and fundraising materials, and website.

Signature of Parent / Guardian _____ Date _____



2010 Evans Lake Medical Information Form

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The purpose of the Medical Information form is to obtain information that will help us ensure that your child has a safe and pleasant experience. In the past we sometimes have had the problem that parents have not provided the information for fear that their child would not be accepted in the program. That is not the purpose of this form. If your child has some physical or emotional difficulty our staff will be able to deal with it sympathetically and with understanding, if they are aware of it in advance. Please use one form per camper.

Camper's First Name		Camper's Last Name		Sex	Date of Birth Day / month / year	Home Phone	
Registering Parent's Name				Parent's E-mail		Other Daytime Phone	Cell Phone/pager
Other Parent or Guardian's Name						Other Daytime Phone	Cell Phone/pager
Home Address				City	Postal Code	If possible, group with this friend of similar age.	
Emergency Contact Person		Phone		Care Card Medical Number		Doctor's Name	Doctor's Phone

My Child is subject to: additional information attached

ASTHMA EPILEPSY DIABETES FEAR OF WATER AD(H)D BEDWETTING SLEEPWALKING

Other health problems, physical disability, or emotional difficulty of which we should be aware:

Allergies: (insect, drug, food, etc)

Other dietary needs: (i.e. Religious, no meat, no red meat)

Does your child require special assistance to participate in any activities at school? (Such as a one-to-one worker)

Please list any/all medications to be taken at camp: additional information attached

Medication	Dosage	When administered
Medication	Dosage	When administered

Please indicate the date and nature of the camper's last visit to the family doctor.

Is your child up to date on immunizations? Yes No Unsure

In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Evans Lake Forest Education Society (ELFES) staff to seek medical attention on my behalf.

I understand that if my child becomes ill or comes into contact with any communicable disease within the three weeks preceding camp, he/she must be examined by the family doctor to certify that he/she is fit to attend camp and is not a known carrier of a communicable disease.

I understand that if my child does not have a BC Care Card Medical Number that I must provide ELFES with proof of private medical insurance for the duration of the Camp session.

I understand that PRN (over the counter remedies such as Tylenol and Gravol, etc) may be administered from time to time for camper health without parental contact. If the problem is deemed recurrent, parents/guardians will be contacted.

Signature of Parent / Guardian _____ Date _____

Privacy Policy

The Evans Lake Forest Education Society (ELFES) respects your family's personal privacy. The information collected on this form is in compliance with the BC Personal Information Protection Act and is used to process the camp registration, help ensure the safety and well being of campers and to provide your family with information on future events and programs at Evans Lake Outdoor Centre. If you have any questions or would like a copy of the ELFES Privacy Policy please contact our Privacy Officer at: privacy@evanslake.com or 604-294-2267