



# 2010 Evans Lake Winter Day Camp Registration

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

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

E: [info@evanslake.com](mailto: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
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	If possible, group with this friend of similar age.		
Emergency Contact Person		Phone	Care Card Number		Doctor's Name	Doctor's Phone	

<b>Camp Choice</b> Fee includes a \$25 non-refundable deposit	<input type="checkbox"/> 5-Day Camp February 15-19, 2010- \$225
	<input type="checkbox"/> 5-Day Camp February 22-26, 2010- \$225
	<input type="checkbox"/> Both Camps- February 15-19 and 22-26, 2010- \$400
	<input type="checkbox"/> <i>My child is enrolled in the Sea to Sky School District #48 (must complete)</i>

Bus Stops	Brennan Park	Squamish Elementary	Mamquam Elementary	Brackendale Elementary
Please check departure and return bus times	<input type="checkbox"/> 8:15 AM	<input type="checkbox"/> 8:25 AM	<input type="checkbox"/> 8:35 AM	<input type="checkbox"/> 8:45 AM
TO CAMP	<input type="checkbox"/> 4:45 PM	<input type="checkbox"/> 4:35 PM	<input type="checkbox"/> 4:25 PM	<input type="checkbox"/> 4:15 PM
FROM CAMP				

### 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.

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 Fees (included 5% GST)-	\$ _____
Card Number	Expiry Date	Donation to assist a less fortunate child attend camp.	\$ _____
Cardholder Name		<b>TOTAL</b>	\$ _____
Cardholder Signature			

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

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

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

E: [info@evanslake.com](mailto:info@evanslake.com) [www.evanslake.com](http://www.evanslake.com)

Office use
------------

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	

<b>My Child is subject to:</b>					<input type="checkbox"/> additional information attached
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> DIABETES	<input type="checkbox"/> FEAR OF WATER	<input type="checkbox"/> AD(H)D	
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)					
<b>Please list any/all medications to be taken at camp:</b>					<input type="checkbox"/> 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?		
			<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 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.

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](mailto:privacy@evanslake.com) or 604-294-2267