



# 2008 Evans Lake Summer Camp Registration Form

Unit 2A - 1433 Rupert Street North Vancouver, BC V7J 1G1  
 Telephone: 604-904-2221 Fax: 604-904-2260 www.evanslake.com

Office use
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Camper's First Name	Camper's Last Name	Sex	day	Date of Birth month	year	Home Phone number	First Time at Evans Lake Summer Camp?
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	
Mailing 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>Camp Choice</b>  Fees include a \$20 non-refundable deposit  Fees include GST	#1 June 29 – July 5/ 7 days	<b>Youth Camps</b>	<input type="checkbox"/> Teen Camp (13-16 yrs)	\$460
	#2 July 7 – 12/ 6 days	<input type="checkbox"/> (8-12 yrs)		\$410
	#3 July 13 – 18/ 6 days	<input type="checkbox"/> (8-12 yrs)	<input type="checkbox"/> Leadership (14-16 yrs)	\$410
	#4 July 20 – July 25/ 6days	<input type="checkbox"/> (8-12 yrs)	<input type="checkbox"/> OAK: Ziptrek Ecotour (13-16 yrs)	\$570
	#5 July 27 – Aug 1/ 6 days	<input type="checkbox"/> (8-12 yrs)	<input type="checkbox"/> OAK: Rock Climbing (13-16 yrs)	\$570
	#6 August 4 – 10/ 7 days		<input type="checkbox"/> Teen Camp (13-16 yrs)	\$460
	#7 August 11 – 16/ 6 days	<input type="checkbox"/> (8-12 yrs)	<input type="checkbox"/> Leadership (14-16 yrs)	\$410
	#8 August 17 – 22/ 6 days	<input type="checkbox"/> (8-12 yrs)	<input type="checkbox"/> Teen Camp (13 -16 yrs)	\$410
<input type="checkbox"/> Optional 1 hour Horseback Riding: \$45 - Not available for OAK & Leadership Camps. A Separate Waiver is required				

<b>Bus Stops</b> Please check departure and return bus times	<b>Old Yale Road School</b> 10135-132 St, Surrey	<b>Patterson Skytrain Station</b>	<b>Horseshoe Bay Ferry Terminal</b>	<b>Sea to Sky Hotel, Squamish</b>
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

Voucher #:

<input type="checkbox"/> Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<b>Basic Camp Fees -</b>	\$ _____
Account Number	Expiry Date		<b>Options:</b>	
Cardholder Name			Horseback Riding Option (\$45)	\$ _____
Cardholder Signature			Evans Lake Membership (\$10 Individual or \$25 Family)	\$ _____
			Donation to assist a less fortunate child attend camp.	\$ _____
			<b>TOTAL</b>	\$ _____

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

I/we hereby release, remise and forever discharge E.L.F.E.S, 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 E.L.F.E.S.

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

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_



# 2008 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
Mailing 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	<input type="checkbox"/> BEDWETTING
<input type="checkbox"/> SLEEPWALKING		
Other health problems, physical disability, or emotional difficulty of which we should be aware:		
Allergies: ( insect, drug, food, etc )		
Other dietary needs: ( eg. 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 son/daughter is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Evans Lake Forest Education Society (E.L.F.E.S.) 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 E.L.F.E.S. 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 (E.L.F.E.S.) 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 E.L.F.E.S. Privacy Policy please contact our Privacy Officer at: [privacy@evanslake.com](mailto:privacy@evanslake.com) or 604-904-2221