

# Columbia Valley Life Sports - Spring Break Sports Camp Registration Form

Camper Information (one camper per form)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (mm/dd/yr): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Health Care Card Number: \_\_\_\_\_

## Camp Selection

Camp One (March 16<sup>th</sup>-18<sup>th</sup>)

Camp Two (March 23<sup>rd</sup> - 25<sup>th</sup>)

## Method of Payment (\$100.00 + GST = \$105.00)

Cash

Cheque (made payable to "CVLS" or "Columbia Valley Life Sports")

**Main Contact/Authorized Pick-up (name):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact/Authorized Pick-up (name):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Participant Doctor Information (Dr.'s Name):** \_\_\_\_\_

Phone: \_\_\_\_\_

## Participant Medical Information:

Allergies: \_\_\_\_\_

Epi Pen use for what?: \_\_\_\_\_

Does your child require medication at camp and if so what?: \_\_\_\_\_

Dietary Restrictions or special information: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

**Disclaimer** - All programs listed are subject to change or cancellation due to low enrollment, weather conditions or other unforeseen circumstances that are prohibitive to operating a sport and recreation camp program.

**Assumption of Risk and Indemnifying Release**

(1) While Columbia Valley Life Sports (CVLS) staff, and volunteers will make every reasonable effort to minimize exposure to known risks, I understand that in registering my child/children in CVLS programs and/or camps that with any physical activity, there is risk of injury. I do hereby release CVLS, and its respective officers, directors, employees, volunteers, and agents, and their successors and assigns, from all liability for damages sustained in consequence of loss, injury or damage to myself or my child/children, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property including myself or my child/children arising out of or connected with preparation for, or participation in CVLS programs or activities.

**Authorization**

- (2) I have provided a complete and accurate health history and permit my child/children to participate in the full range of camp activities, except as noted by me in the health information section of the CVLS registration form.
- (3) In the event of an accident, injury or illness involving my child, and immediate contact by CVLS with a parent/guardian cannot be made, authorize and grant permissions to CVLS staff and volunteers to secure proper medical treatment and authorize on my behalf all procedures, including admission to an emergency unit, hospital and treatment therein, ordering x-rays, tests or treatment, injections, anesthesia and or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold CVLS responsible for any costs or injury arising out of an emergency situation.
- (4) CVLS may wish to use photographs, images or recordings containing my child/children's picture or image for promotional, advertising, public relations and/or information purposes. Such photographs, images or recordings may be used or published in CVLS brochures, newsletters, annual reports, and posters and/or on website/internet materials. I hereby consent to the publication of these photographs, images, or recordings, and promotional advertising, public relations or information materials, and acknowledge and confirm that these photographs, images, recordings and materials shall remain the exclusive property of CVLS, who shall own all copyright and other intellectual property rights therein.

**Code of Conduct**

(5) The safety of each individual is of the utmost importance to CVLS. My child/children and I recognize a personal responsibility to learn and follow at all times safety and other rules established by CVLS staff. My child/children and I understand that any behaviors that places my child/children, or others at risk may result in immediate dismissal from the program. I agree to assume any expense(s) arising from program dismissal. I understand no refund will be granted for dismissal or removal of my child/children at my or my child's/children's request before the end of a camp/program session. In order to ensure the safety and well being of all participants, CVLS reserves the right to alter the program/camp at any time without compensation to participants, parents, or guardians. I have carefully read, understand and freely and voluntarily accept Assumption of Risk and Release, Authorization, and Code of Conduct information outlined above. I have the authority to sign on behalf of the child's/children's parents and legal guardians.

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Date

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Signature of Parent/Guardian

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Print Parent/Guardian's Name that is signed above