



Summerland Youth Centre Association

SUMMER 2018 DAYCAMP PROGRAMS

REGISTRATION FORM 2018

Participant's Name(s):	Age:	Program Date & DC #	<input type="checkbox"/> Early Bird/ After Care
1.			
2.			

Participant's Street Address:	Home Phone:
	Cell Phone:

Participant's Swimming Ability:

1.	<input type="radio"/> Strong	<input type="radio"/> Capable	<input type="radio"/> Weak	<input type="radio"/> Non swimmer	<input type="radio"/> Lifejacket required
2.	<input type="radio"/> Strong	<input type="radio"/> Capable	<input type="radio"/> Weak	<input type="radio"/> Non swimmer	<input type="radio"/> Lifejacket required

MEDICAL EMERGENCY & IMPORTANT MEDICAL FACTS: (allergies, medications, etc)

In case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency centre by the Youth Centre staff when I cannot be contacted. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.

Signature _____

Email address*:

Our schedule is subject to change due to weather conditions, how would you prefer for us to notify you of any changes?

Email Home phone Cell phone Text message

B.C. Health Care Number:	1.	2.
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Family Doctor:	Phone Number:
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Emergency Contacts:

	First Name:	Last Name:	Relation to Participant:	Phone Number:
1.				
2.				

Any other information we should know to help the participant have an enjoyable week:

Parent Signature _____

Payment Cash Cheque

Registration begins Wednesday, June 6, 2018 6:30 – 8:00 pm
at the Harold Simpson Memorial Youth Centre

CASH or CHEQUES payable to: Summerland Youth Centre Association

Follow up registration call Parks & Recreation at 250-494-0447

*Schedules and What to Bring Lists will be emailed to you the week before your child is registered to start.