

# Camp Registration Form



Weeks/Days/Camp Registering for: \_\_\_\_\_

Do you need Before and/or After Camp between 8-9 am and 4-6 pm? \_\_\_\_\_

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

City: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Are there any medical conditions or food allergies that staff need to be aware of? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Does your child need a life jacket when swimming? \_\_\_\_\_

What are your child's favourite activities? \_\_\_\_\_

What are the best strategies for behaviour management? \_\_\_\_\_

Do you have any other info you'd like to include? \_\_\_\_\_

Parent/Caretaker Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Parent/Caretaker Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Authorized pick-ups other than parents/caretakers:

Authorized Pick-Up: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Pick-Up: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Photo Release: We try to take program photos so participants can share their experiences with their families. A link will be sent after camp ends. May we share program photos that include your child on our website, social media, and posters? \_\_\_\_\_

The Vancouver Canucks occasionally donate tickets to us. Would your child be interested in going to a game? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to receive a seasonal email regarding our upcoming programs and events? \_\_\_\_\_

If your child brings money, we will assume they have permission to buy food or drinks from Concessions or vending machines.

*Our goal is to create the safest, healthiest, and most respectful community possible. We have a zero-tolerance policy for physical, verbal, and emotional violence.*

I/We release, remise, and forever discharge Rainforest Camps staff and partners of Rainforest Camps of and from all manner of actions, claims, and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Rainforest Camps program or event. If my child is injured, ill, or needs medical attention and I/we cannot be contacted, I/we authorize Rainforest Camps staff to seek medical attention.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email the completed form to [info@rfcamps.com](mailto:info@rfcamps.com)