

Summer Camp Registration Form



Weeks/Days Registering for: _____

Camp Location Registering for: _____

Tri-Cities North (7-12+) Tri-Cities East (7-12+) Tri-Cities West (7-12+) Burnaby (8-12+)

Reel Adventures: Tri-Cities (7-12+) Youth Only: Tri-Cities (10-12+) Ridge Meadows (8-12+)

Kids Only: Coquitlam (K-Gr. 2+) Kids Only: PoCo (K-Gr. 2+) New West (7-12+) Richmond (7-12+)

Vancouver West Side (8-12+) North Vancouver (8-12+) Langley (8-12+) Surrey (7-12+)

We have limited space for kids outside of the listed ages of each camp.

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

If yes, please specify the timeframes you need (i.e. 8:30-9 am, 4-4:30 pm, etc): _____

Before and after care costs are prorated for the exact timeframe that you register for, rather than by the hour.

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? _____

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

Parent/Caretaker Name: _____ Phone # and Email: _____

Parent/Caretaker Name: _____ Phone # and 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? _____

How did you hear about us? _____

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

*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. If a camper is violent, their family will be called to pick them up and the rest of their camp registration will be cancelled and refunded.*

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: _____