

BIG Little Science Centre - Science Day Camp Registration and Consent Form 2010

Name of Camper: _____ Age: _____ Birth date: _____ Grade Sept 10: _____

Medical Concerns (allergies, health issues, behavioral concerns, medication currently in use, other):

CARE Card #: _____ Doctor's Name: _____ Doctor's Phone #: _____

Printed name of Parents/Guardians: _____

Contact Phone Numbers: work: _____ home: _____ cell: _____

Address of Parents/Guardians: _____

Email address (to send out newsletter): _____

Local contact name, address and phone number if from out of town: _____

Name of Emergency Contact: _____

Emergency Contact Phone #'s: work: _____ home: _____ cell: _____

Address of Emergency Contact: _____

People allowed to pick up your child at end of day: _____

Sign up for (please check box):	Price
<input type="checkbox"/> Junior Camp 1 – July 12 th to July 16 th 2010 8:30 to 11:30	\$85.00
<input type="checkbox"/> Senior Camp 2 – July 19 th to July 23 rd 2010 8:30 to 3:30	\$165.00
<input type="checkbox"/> Junior Camp 3 – August 09 th to August 13 th 2010 8:30 to 11:30	\$85.00
<input type="checkbox"/> Senior Camp 3 – August 16 th to August 20 th 2010 8:30 to 3:30	\$165.00

Summer Camp Discounts:
\$10 senior, \$5 junior, per week for
BIG Little Science Centre Members

Subtotal: _____

Discount: _____

Total: _____

Method of Payment: Cheque Cash

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Permissions

- 1. I hereby give permission to have pictures taken of my child in the program setting for general record-keeping.
Yes No (circle)
- 2. I hereby give permission to have pictures taken of my child in the program setting for publicity purposes, newsletters.
Yes No (circle)
- 3. **In case of accident or illness, if a parent or guardian cannot be reached, we will take your child to the emergency ward of the nearest hospital. Signing the consent form gives your authorization for emergency health services.**

The BIG Little Science Centre Science Camps Program is preparing a variety of scientific projects and experiments for the campers.

I, _____ (**name of Parent or Guardian**) understand that activities of this type expose the students participating to elements of risk. Accidents may occur while participating in these activities. The BIG Little Science Centre employees have been trained in both WCB Level 1 First Aid and Workplace Hazardous Materials Information System (WHIMS) courses. We will take all necessary and appropriate safety precautions and will attempt to minimize any associated risks. These accidents may cause injury. Examples of injury which may occur while participating in this type of activity include:

- 1. **Sports related injuries from participating in games and activities.**
- 2. **Cuts from sharp objects or cutting utensils used.**
- 3. **Injuries resulting from improper use of a variety of chemicals.**

Accidents can be a result of the nature of the activity and can occur without fault on either part of the student, of the BIG Little Science Centre Camps Program or its employees or agents. By allowing your son/daughter to participate in this activity you are accepting the risk of accident occurring. Furthermore, I understand that parent drivers / vehicles may be used to help transport the children on field trips.

I give _____ (**name of camper**) permission to participate in the BIG Little Science Centre Summer Science Day Camp. The information in this application is correct and I am the parent or guardian of _____ (**name of camper**). I hereby have read and agree to all terms and conditions on this application.

Parent/Guardian Signature: _____ Date: _____

Signed by Witness (19 years or older): _____ Date: _____

Printed name of Witness: _____

Address of Witness: _____

Registration requires the completion of both pages of this form and full payment.

**DELIVER TO:
BIG Little Science Centre located in the Bert Edward Science and Technology School
711 Windsor Avenue, Kamloops, BC**

**MAIL TO:
BLSC Camp Registration
PO Box 882, Station Main
Kamloops, British Columbia V2C 5M8**