

BIG Little Science Centre Summer Camp 2008 Consent Form

Campers will not be registered unless this signed and dated form is returned with the registration form.

Permissions

I hereby give permission to have pictures taken of my child in the program setting for general record-keeping. Yes No (circle)

I hereby give permission to have pictures taken of my child in the program setting for publicity purposes. Yes No (circle)

In case of accident or illness, if a parent or guardian can not 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:

Sports related injuries from participating in games and activities.

Cuts from sharp objects or cutting utensils used.

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.

I give _____ (name of camper)

permission to participate in the BIG Little Science Centre Science Camp(s) for the day(s)/week(s) of _____ (dates).

The information in this application is correct and I am the parent or guardian of

_____ (camper's name). I hereby have read

and agree to all terms and conditions on this application.

Signed by **Parent/Guardian**

Date

Printed name of Parent/Guardian

Address of Parent/Guardian

Signed by **Witness** (19 years or older)

Date

Printed name of Witness

Address of Witness

FOR MORE INFORMATION PLEASE CONTACT GORD STEWART, EXECUTIVE DIRECTOR

BIG LITTLE SCIENCE CENTRE – LOCATED AT BERT EDWARD SCIENCE AND TECHNOLOGY SCHOOL
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