

Mailing Address: 1640 Burgess Rd, Courtenay, BC V9N 5W8

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**Coastlands Kids Camp 2018
Parent/Guardian Release**

Registration for your camper is complete once this form and payment have been received. Registration information and this release are kept confidential and are kept onsite in hard copy during the week of Coastlands Kids Camp in case of emergency.

With this in mind, please ensure all information is legible and scans are of suitable quality.

Child's Full Legal Name _____

Parent/Guardian's Full Legal Name _____

I, _____ as the parent/legal guardian of _____ give permission for my child to attend the Coastlands Kids Camp during August 13-17, 2018.

I, as the parent or legal guardian of this child, hereby authorize any official escort of the camp to call a licensed physician to administer medical or surgical treatment in such way as necessary. In the event of a major emergency, someone will attempt to contact me as soon as possible.

I have also fully completed the online registration page, and have provided all the necessary information that will give my child a safe week of camp.

My child has agreed to abide by the rules established for the safety and enjoyment of all campers.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Consent Form Received on (date) _____ by _____
Registration Fee Received on (date) _____ by _____ Amount \$ _____ Cash/CHQ# _____
Camper Guide Sent on (date) _____ via _____ by _____