Suntastic's Summer Camp 2010 3-5 years
PROGRAM INFORMATION & WAIVER

Time: 9:30-11:30am or 1:00-3:00pm, optional In-between care from 11:30am-1:00pm
Location: Tiggy Winkle Preschool Room 012

We are pleased to offer a fun, active, artistic experience for children 3-5 years old. Suntastics Summer Camp is a great place to meet new friends, and have fun. Please send your child with a snack, preferable a fruit or vegetable, to ensure a nut-free, allergy-free classroom. Please dress appropriately for messy art projects. Suntastics camp hats will be provided for your child each week. For more information, please ask at the community centre front desk, or check our web site: www.kitscc.com

REFUND POLICY: 7 days notice required for all day camp programs.

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Please Circle the weeks your child will be attending:

*WEEK 1 *WEEK 2 *WEEK 3 *WEEK 4 *WEEK 5 *WEEK 6 *WEEK 7 *WEEK 8 *WEEK 9

PARTICIPANT

Child's Name: ____

Date of Birth ______/_____/_____ Age: ________ Sex: M / F

PARENT/GUARDIAN:

(1) Name: ____

Phone: (home) ___________________ (work) ___________________

Address: ____

(2) Name: ____

Phone: (home) ___________________ (work) ___________________

Address: ____

MEDICAL INFORMATION: Organizers assume no responsibility for health or well-being of participants as a result of the information being provided. Participants are advised to carry pertinent health and medical information on their person at all times.

Care Card Number: ______________________________________

Doctor's Name: ______________________ Phone: ________________

Emergency Contacts:

1) Name: ___________________________ Phone: _________________

2) Name: ___________________________ Phone: ________________

Pertinent Medical Information (Conditions, Allergies, Medications, etc.).

Please list: ____

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

The participant and parent or guardian acknowledges that they are aware of the details of the day camp, trip or event and that there exists an element of personal risk of damage or serious injury in the activities and willingly agrees to assume responsibility for those risks as a condition of registering for the program.

INDEMNIFICATION AND RELEASE

I, the undersigned participant, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the City of Vancouver, Board of Parks and Recreation and the Kitsilano Community Centre Association or any of their agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of or resulting from this day camp, trip or event. I agree to let the community centre use my child's photo for the Recreation Guide and bulletin boards.

SIGNATURE OF PARENT/GUARDIAN: ____________________________________ **DATE:** ___________________

★We will be taking pictures of day campers throughout the summer weeks for possible use in future promotional materials. Please sign below if you consent to the publication of a photograph of your child in a community centre related brochure.

SIGNATURE OF PARENT/GUARDIAN: ____________________________________ **DATE:** ___________________