



Days registering for: _____ Before & After Camp? _____

Participant's First Name: _____ Last Name: _____
City: _____ Age: _____ Birthdate: _____ School: _____

Parent/Caretaker Names: _____

Phone numbers: _____

Emails: _____

How did you hear about us? _____

Are there any **medical** conditions or **food allergies** the instructor needs to be aware of? _____

If yes, please specify: _____

Swim Level: Needs life jacket at all times _____

Needs life jacket if going deeper than their stomach _____

Strong (No life jacket needed when swimming) _____

Authorized pick-ups other than parents/caretakers?

Authorized Pick-Up #1 _____ Relationship _____ Phone # _____

Authorized Pick-Up #2 _____ Relationship _____ Phone # _____

What are your child's favourite activities? _____

What are the best strategies for behaviour management with your child? _____

Photo Release: To help us promote our programs and to apply for funding we require photos of our programs in action. Do you give permission to use program photos in promotional material? _____

The Vancouver Canucks occasionally donate tickets to us. Would your child be interested in going to a game? _____

Would you like to receive our seasonal newsletter? _____

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.

I/We release, remise and forever discharge Adventure Play Care staff and partners of Adventure Play Care 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 Adventure Play Care program or event. In the event that I'm / my child (is) injured, ill or in need of medical attention and I/We are unable to be contacted. I/We authorize Adventure Play Care staff to seek medical attention on my/our behalf.

Signature (Parent/Caretaker) _____ Date _____