

2019 Summer Camp Waiver Form

Thank you for registering your child in an exciting week of Summer Camp at City Centre Park!

**This form must be received in advance OR accompany your child on their first day of camp.
If we do not have this form, they will not be permitted to participate in camp activities.**

Childs Information

Legal Last Name: _____ Legal First Name: _____
Legal Middle Name: _____ Preferred First Name: _____
Gender: ___ Male ___ Female Date of Birth: M ___ / D ___ / Y _____
Food Allergies / Special Diet: _____
Medical Concerns / Conditions: _____
Health Card #: _____
Parent(s) / Guardian(s) Name(s): _____
Home #: (_____) _____ Daytime #: (_____) _____
Emergency Contact Name: _____ Relationship: _____
Home #: (_____) _____ Daytime #: (_____) _____
Individuals Authorized to Pick-up / Sign-out the Participant (Full Legal Name): _____

Consent To Use Photos

Your consent would be required for City Centre Park to publish pictures of your child. By checking "Yes, I agree." below, I understand that I am giving consent to City Centre Park to use and disclose my personal image (or the personal image of my child) for promotional and/or informational purposes such as brochures and flyers.

Yes, I agree **No, I do not agree**

Waiver

By payment of the registration fee the participant accepts the risks of physical injury normal to the course or activity in which they are registered.

Parent / Guardian Signature: _____ **Date:** _____

Please return form by fax, email or mail to

Fax #: (250) 483 6311
Mail: City Centre Park
1089 Langford Pkwy
Victoria BC
V9B 0A5
Email: langfordcitycentrepark@gmail.com
For Further Information: (250) 391-1738