

DISCOVERY DAY CAMP REGISTRATION FORM

March 18-22, 2024 (Grades 1 - 6)

COST: \$35 per child

(cheques payable to VCF / e-transfers to **vcfgiving@gmail.com** memo "DDC Registration March")

Camper Name: _____ Gender: M F Age: _____ Grade: _____

Address: _____ Birth Date: d _____ m _____ y _____

In case of Emergency contact:

Parent/guardian: _____ Phone: _____ Email: _____

Alternate contact: _____ Phone: _____ Relation: _____

Family Doctor: _____ Care Card Number: _____

If a medical emergency arises involving your child, you will be notified immediately by a leader of Discovery Day Camp.

ALLERGY PROFILE

Allergies or other medical conditions	Reaction (please specify)	Treatment/medication required

BEHAVIORAL ISSUES - in order to help our staff, please list any behavioral issues the staff should be aware of. List any strategies that have proven successful in dealing with these issues. _____

FIELD TRIP - The undersigned parent/guardian grants permission for the child to engage in the various activities of Discovery Day Camp, including, but not limited to, travel in automobiles, attendance at related group activities outside of VCF property and general participation in any and all activities related to DDC, acknowledging that sufficient information has been provided by DDC with respect to the planned activity, duration, location, method of transportation, participants and supervision.

PHOTO RELEASE - The undersigned parent/guardian grants or denies permission for the child's pictures to be taken at Discover Day Camp events on or outside of Vernon Christian Fellowship property, which can be used on the vcfvernon.ca website, social media, and promotional materials. grant deny

MEDICATIONS: All medications including all "over the counter" medications (e.g. Tylenol, antihistamines, lactaid, etc) must be given to our medical attendant at drop-off time. **Medications must be brought in their original containers labeled with camper's name, name of drug, dosage, administration times and any other necessary information.**

In the event of a minor medical occurrence, I give my approval for common "over the counter" medications to be provided at the discretion of the Camp Leaders. I also authorize the Camp Leaders to seek all necessary medical attention in the event that the emergency contact person cannot be reached. I further release Discovery Day Camp and its personnel from all claims and damages arising from any accidents or injuries occurring while my child is at camp.

Signature of Parent/Guardian:

yyyy - mm - dd