



2017 Spring Camp Registration Form

Student Name: _____

Parent / Guardian: _____

Phone: _____ E-mail: _____

Mailing Address: P.O. Box _____ Town: _____

Province _____ Postal Code _____

Please check of the Programs your child will be attending below
There will be \$15 Registration fee for each event.
\$125 for the whole 2 weeks.

Enclosed cheq cash

My child is allowed to walk or ride home after program.
 I will pick my child up from Program.

Cake Boss Camp	Monday March 20 th	
Radio Day Camp	Tuesday March 21 st	
Graffiti Day Camp	Wednesday March 22 nd	
Ink Master Camp	Thursday March 23 rd	
Punk Rock Camp	Friday March 24 th	
Treasure Hunt Camp	Monday March 27 th	
Skate Camp	Tuesday, March 28 th	
Nelson's Got Moves	Wednesday, March 29 th	
Movie Magic Camp	Thursday, March 30 th	
Sport/Pizza Party Camp	Friday, March 31 st	





Signature

Print Name

Parent / Guardian Signature if under 19

Print Name

For Office Use Only:

Cash or Cheque Amount: _____

Date: _____



608 Lake St, Nelson, BC V1L 4C8 Phone: (250) 352-5656 www.nelson.ca

INFORMED CONSENT FORM FOR NDYC Spring Camp

Thank you for choosing to use the facilities, services or programs of **NDYC**. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following **INFORMED CONSENT FORM**.

I _____ declare that I intend to use some or all of the activities, facilities, programs and services offered by **NDYC** and I understand that each person, (myself included) has a different capacity for participating in such activities, facilities, program and services. **I AM AWARE** that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I UNDERSTAND that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. **I ACKNOWLEDGE** that my choice to participate in any activity, service or program of **NDYC** brings with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that I possess and use. In addition, **I UNDERSTAND** that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I FURTHER UNDERSTAND that personnel who may not be licensed, certified, or registered instructors or professionals conduct the activities. **I ACCEPT** the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, **I ACKNOWLEDGE** that I have inquired about the nature of the activity, program or service that I am not completely familiar with and I have been informed of any inherent risks.





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I DECLARE I HAVE READ, UNDERSTOOD AND AGREE TO THE CONTENTS OF THIS INFORMED CONSENT AGREEMENT IN ITS ENTIRETY.

I AGREE TO FOLLOW ALL RULES / EXPECTATIONS OF THE: Spring Break Activities with NDYC staff.

Medical Conditions: (Allergies, injuries) _____

MSP # In Case of Emergency: _____

SIGNATURE (PARTICIPANT) AGE WITNESS

DATE

DATE

Parental Declaration: I have read and understand the information provided on this form. I understand and assume any and all risks associated with the NDYC Spring camp on behalf of my child/ward not limited to those risks listed above. I authorize my child/ward to participate in the activities of the NDYC spring Camp activities.

SIGNATURE (PARENT OR GUARDIAN) DATE

ADDRESS: _____ CITY: _____ PC: _____

PHONE # _____ email: _____

EMERGENCY CONTACT _____ Phone# _____

