

**OUT OF SCHOOL PROGRAM REGISTRATION FORM**  
**ADVENTURE FRIENDS, PRO-D DAY CAMP, HOLIDAY CAMPS,**  
**AND SPRING BREAK CAMPS**  
**2025-2026**

Child's Name:

Parent / Guardian Name:

Telephone:

Email:

Mailing Address:

What school does your child attend?

Does your child require a walking bus to the NDYC?

Out-of-School programs run from September to June each school year.

Adventure Friends is an afterschool program that runs from Monday through Friday from 3:00PM – 5:30PM for program participants aged 5 – 12 years; the cost is \$25.00 per day per child.

Pro-D Day Camps run throughout the SD8 school year, from 8:00AM – 5:00PM; the cost is \$40.00 per day per child.

Holiday Camps run December 22, 2025 through January 2, 2026 from 8:00AM – 5:00PM. The cost is \$40.00 per day per child.

There will be no Holiday Camps offered on December 25, 26 or January 1.

Spring Break Camps run March 16, 2026 through March 27, 2026 from 8:00AM – 5:00PM; the cost is \$40.00 per day per child.

Registration for each program is MANDATORY. Register by emailing [youthcentre@nelson.ca](mailto:youthcentre@nelson.ca) OR call 250.352.5656. Space is limited and some dates may not be available depending on registration needs. Please note that we follow the SD8 school calendar.

Please check the dates you would like your child to attend:

## ADVENTURE FRIENDS 2025 - 2026

SD8 2025 - 2026 SCHOOL CALENDAR	
	Weekends*
	Statutory Holidays*
	School Vacation Periods*
	Administrative Day**
	District Pro-D Days (NI Days)**
	School Pro-D and PSA Pro-D Days (NI Days)**
	Early Dismissal (one hour early)
	School Planning Day (NI Day)**

\*schools closed

\*\*school not in session - staff only in attendance

September	1	Labour Day
September	2	First Day of School - dismissal 3 hours early
September	19	School Planning Day
September	30	National Day for Truth and Reconciliation
October	13	Thanksgiving Day
October	15	Early Dismissal Day (1 hour early)
October	16	Early Dismissal Day (1 hour early)
October	24	PSA Day (Provincial Specialist Assoc.) Pro-D Day
November	11	Remembrance Day
December	19	Last day of school before winter vacation
December	22	Winter Vacation
to January	2	
December	25	Christmas Day
December	26	Boxing Day
January	1	New Year's Day
January	5	Schools Re-open
January	19	District Pro-D Day
February	13	School-Based Pro-D Day
February	16	Family Day
March	13	Last day of school before spring break
March	16-20	Spring Break
March	23-27	School Closure Week
March	30	Schools Re-open
April	13	District Pro-D Day
April	3	Good Friday
April	6	Easter Monday
April	22-23	Early Dismissal Day (1 hour early)
May	18	Victoria Day
May	25	School-Based Pro-D Day
June	24	Last Day of Classes - dismissal 3 hours early
June	25	Administrative Day

SEPTEMBER 2025						
S	M	T	W	T	F	S
	1					6
7						13
14						20
21						27
28		30				

OCTOBER 2025						
S	M	T	W	T	F	S
						4
5						11
12	13					18
19						25
26						

NOVEMBER 2025						
S	M	T	W	T	F	S
						1
2						8
9		11				15
16						22
23/30						29

DECEMBER 2025						
S	M	T	W	T	F	S
						6
7						13
14						20
21				25	26	27
28						

JANUARY 2026						
S	M	T	W	T	F	S
				1		3
4						10
11						17
18						24
25						31

## ADVENTURE FRIENDS 2025 - 2026

SD8 2025 - 2026 SCHOOL CALENDAR	
	Weekends*
	Statutory Holidays*
	School Vacation Periods*
	Administrative Day**
	District Pro-D Days (NI Days)**
	School Pro-D and PSA Pro-D Days (NI Days)**
	Early Dismissal (one hour early)
	School Planning Day (NI Day)**

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June	25	Administrative Day

FEBRUARY 2026						
S	M	T	W	T	F	S
1						7
8						14
15	16					21
22						28

MARCH 2026						
S	M	T	W	T	F	S
1						7
8						14
15						21
22						28
29						

APRIL 2026						
S	M	T	W	T	F	S
					3	4
5	6					11
12						18
19						25
26						

MAY 2026						
S	M	T	W	T	F	S
						2
3						9
10						16
17	18					23
24/31						30

JUNE 2026						
S	M	T	W	T	F	S
						6
7						13
14						20
21						27
28						

**READ CAREFULLY – CHILDREN’S ACTIVITIES (refers to youth under the age of 19 years)**

**PARENT / GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY**

Thank you for choosing to use the facilities, services, and programs of the NDYC. We request your understanding and cooperation in maintaining both your child’s and our health and safety by reading and signing for the ***Parent / Guardian Consent, Acknowledgement of Risk, Waiver, Release & Indemnity Form, and the NDYC Out-Of-School Policies and Procedures.***

**Child’s Last Name:**

**Child’s First Name:**

**Child’s Date of Birth:**

**Child’s Home Address:**

**Name of Program Child is Attending:**

**Parent / Legal Guardian Name:**

It is a condition to the Child’s participation in the Activity that you, the undersigned Parent / Guardian of the Child, must carefully read and understand this document, and sign it to acknowledge that you have read and understand it. Furthermore, you understand that the Child’s participation in the activity will expose the Child to risks of harm that you accept full responsibility for exposing the Child to such risks.

**PARENT / GUARDIAN RESPONSIBILITY FOR CHILD**

I, the undersigned Parent / Guardian of the Child, understand and accept that, in respect of the Child’s participation in the Activity, it is my responsibility:

- 1) To ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity;
- 2) To take into consideration those risks and the Child’s behavioral characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity;
- 3) To ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity;
- 4) To provide emergency medical information regarding the Child as required in this document.

## **AWARE OF RISKS**

I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME FOR ME AND THE CHILD RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

The Child's participation in the Activity, even if the Child possesses behavioral characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;

The nature of the Activity is such that the Youth Centre cannot identify all risks associated with the Activity and cannot guarantee that Youth Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND FOR THE CHILD I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITY, AND, FOR MYSELF AND THE CHILD, IN RETURN FOR THE YOUTH CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITIES.

**I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** which I or the Child or our respective successors and assigns may have against the City of Nelson and the Nelson & District Youth Centre in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activity; and

**I HEREBY RELEASE** the City of Nelson and the Nelson & District Youth Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activity; and

**FOR MYSELF, I AGREE TO INDEMNIFY** the City of Nelson and the Nelson & District Youth Centre for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the City of Nelson and the Nelson & District Youth Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activity.

## **EMERGENCY INFORMATION AND MEDICAL CONSENT**

I hereby authorize the Youth Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Emergency Contact Name (1): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name (2) : \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any medical conditions your child may have (Allergies, injuries etc...)

**\*\*Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the parent\*\***

Family Doctor Name:

Phone Number:

MSP Number:

**PICK-UP PERMISSION:**

I understand it is my responsibility to communicate to Youth Centre staff any special instructions necessary in respect of the pick-up of my child. Who other (other than the parent/guardian listed above) has consent to pick up your child after the program?

Name:

Phone:

Name:

Phone:

Name:

Phone:

My child will: Walk home after ☐ Be picked up by a parent/guardian ☐

## PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:

I hereby authorize the Youth Centre to photograph and/or otherwise record images and/or sounds of or including the child while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Youth Centre programs and services.

Examples include: use in program brochures, on photo displays, and through social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

Yes

No

Is there any other information that will help your child be successful with our programs?

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Youth Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

## I HAVE READ AND I UNDERSTAND THIS DOCUMENT

Parent / Guardian Name (please print):

Parent / Guardian Signature:

Date:

Reviewed for completeness by Staff – Initial: