



# BCMA SUMMER DAY CAMP

## 2013 REGISTRATION FORM

*Please complete a separate registration form for each Camper. All forms must be signed and dated by the child's parent or legal guardian. Only completed forms with payment will be processed. Follow the "How to Register" instructions found on the front page of the Summer Day Camp brochure.*

<b>PARENTS/ LEGAL GARDIAN INFORMATION</b> Father Full Name: _____ Tel: _____ E-Mail: _____ Mother Full Name: _____ Tel: _____ E-Mail: _____ Address: _____	<b>DAY CAMPER INFORMATION</b> Camper First Name: _____ Camper Last Name: _____ DOB: _____ Age (as of July 1 <sup>st</sup> , 2012): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Name of School Attending: _____
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**SELECT A PROGRAM**     EXPLORERS----\$125     PATHFINDERS----\$175

**SELECT WEEK(S) REQUIRED**

<b>W1</b> (Jul 2-5)	<b>W 2</b> (Jul 8-12)	<b>W 3</b> (Jul 15-19)	<b>W4</b> (Jul 22-26)	<b>W5</b> (Jul 29-Aug 2)

\* Subject to availability

<b>W6</b> (Aug 5- Aug 9)	<b>W 7</b> (Aug 12- Aug 16)	<b>W 8</b> (Aug 19- Aug 23)	<b>W9</b> (Aug 26- Aug 30)

\* Subject to availability

\$ _____	x	_____	=	\$ _____	
Fee		# of Weeks		Amount due	
\$ 10		_____		\$ _____	
T-Shirt		# of T-Shirts		Amount due	
\$ _____		_____		\$ _____	
B & A Care		# of Weeks		Amount due	
<b>Sub Total</b> .....				\$ _____	
<b>4-weeks Special Discount</b> (Subject to availability)				- \$ _____	
\$ _____		_____		- \$ _____	
Subsidy		# of Weeks		Amount Paid	
<b>TOTAL BALANCE DUE</b> .....				\$ _____	

**CAMP T-SHIRT (\$10/shirt)**

KIDS			Junior			Adult		
S	M	L	S	M	L	S	M	L

**BEFORE & AFTER CARE (\$25/week for am or pm, \$40 for am & pm)**

	<b>W1</b>	<b>W2</b>	<b>W3</b>	<b>W4</b>	<b>W5</b>
<b>AM</b>					
<b>PM</b>					

**SUBSIDY/ INCOME ASSISTANCE:**     YES     NO  
*If yes please complete the information below ...*  
 Amount approved per Week: \$ \_\_\_\_\_  
 Number of Weeks Approved: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Method of Payment:  
 Cash     Cheque     Credit Card

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL HISTORY INFORMATION

BC Medical Plan Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Emergency Contact Person (s)

(1) \_\_\_\_\_ Tel. #: \_\_\_\_\_

(2) \_\_\_\_\_ Tel. #: \_\_\_\_\_

**Is your child immunization status file with Richmond public health**  Yes  No *If No provide Copy:*

**Medical Condition/Allergies:**

Yes  No *If yes provide details:*

Mild	Moderate	Life Threatening

**Does your child require medication to be taken at day camp:**  Yes  No *If yes provide details:*

**If your child has any special need, dietary restriction, or learning disability, staff should be aware of please provide a brief explanation and documentation if applicable.**

**Is there a custody agreement**  Yes  No  
*If yes provide details and a copy of any pertinent court documents relevant to the agreement.*

## CONDITIONS OF ENROLMENT

1. Application can not be confirmed unless accompanied by full payment.
2. Islamic attire is required at the camp.
3. **Refund Policy:**
  - Your payment is refundable in full if we cannot confirm your application.
  - Your payment is refundable, less a service charge of \$50, if a camper's reservation is cancelled in writing before June 15<sup>th</sup>, 2013. After June 15<sup>th</sup>, 2012 camp fees are not refundable.
  - Our fees are for a personal reservation for a specific period and not a day by day fee. We therefore will not refund fees for days missed for any reason.
  - Refund requests are made **ONLY** in writing to the **BCMA extra 12300 Blundell Rd, Richmond BC V6W 1B3**
4. I agree to allow my child to participate in all camp activities and in any supervised trips or activities not on camp property, and I give camp officials authority to act on my behalf in case of an emergency.
5. The BC Muslim Association, reserve the right to terminate/ suspend the registration of any camper if, in the opinion of the Program Director, it is in the best interest of the child or the camp. In such event, a proportional refund will be made.

**ATTACH**  
**a current photo of**  
**your child**  
(Black & White Photo  
is acceptable)

## SIGNATURES

I/We have read and agree to all terms and conditions of enrolment / Medical waiver. A copy of the terms and conditions/medical waiver was given to me/ us. Please enroll my child as named Herein at BCMA extra Summer Day Camps at 12300 Blundell Rd Richmond, BC v6X 1B3

\_\_\_\_\_  
**Parent/Legal Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Warning Please Read Carefully. By signing this document, you accept important legal obligations and waiver legal rights.**

I the parent/legal guardian of *(Child full name)* \_\_\_\_\_ understand that this is a legal agreement and by my signature below; I freely understand and accept that I am giving up certain legal rights. I am aware of and agree to allow my child to participate in the activities as part of the Day Camp. Such activities include, but are not limited to: indoor and outdoor wide area games, sporting events, games, swimming, and off site field trips (collectively the "Activities"). I understand that there are risks involved with participating in activities of this nature and that injury; illness and even death could result. **I freely and fully accept all risks, damages, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage and/or loss resulting there from.**

In the event of an emergency, I understand that it may be necessary to transport my child to a medical facility and hereby grant my consent to the BCMA extra Summer Day Camp to transport my child to the nearest medical facility and assume full liability for any costs related to the treatment and transportation of my child.

**I hereby release, indemnify and hold harmless the British Columbia Muslim Association (BCMA), its trustees, executive board, executive council, directors, corporation members, staff, agents, volunteers, members and representatives from: a) any personal injury, accident or damage to the above named child or his/her property; b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise due to the above named child participation in the Activities; and c) any and all liability for any damage to the personal property of or personal injury to, any third party resulting from the above named child participation in the Activities.**

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement I am voluntarily agreeing to abide by its terms and conditions and I am waiving certain legal rights that I or my child may have.

### PHOTOS & VIDEOS WAIVER

**YES**, I give permission to the staff and volunteers of the **British Columbia Muslim Association (BCMA)** and Day Camp to take photographs and video of the above noted child and for these photos and videos to be used in the future promotion of the activities of the Association.

\_\_\_\_\_  
Parent/ Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date