



Camper Application

Elementary Registration (9:00am-3:30pm): ☐ Week 1 (Aug 6-9, 4 days) ☐ Week 2 (Aug 12-16, 5 days)

Preschool Registration (9:00-12:00pm): ☐ Week 1 (Aug 6-9, 4 days) ☐ Week 2 (Aug 12-16, 5 days)

Name (full): _____ ☐ Male ☐ Female

Grade in the Fall: _____ DOB (MM/DD/YY): ____/____/____ Church: _____

T-Shirt Size: ☐ Youth XS ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M

Address: _____ Postal Code: _____

Pod Buddy Request (Limit 1; no guarantees): _____

Parent/ Guardian: _____ E-mail: _____

Home: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Emergency Contact

Name: _____ Relationship: _____ Phone: (____) _____

Medical Information

BC Services Card: _____ Physician: _____ Phone: (____) _____

Medical, Physical, Emotional, Behavioral Conditions (Please specify): _____

Current Medication Taken (Please make sure you bring ALL needed medication to camp): _____

Authorization, Medical and Photo Consent:

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. It is our policy to notify the parent/guardian when a child is ill or needs medical attention. Occasionally, we are unable to contact the parent/guardian and need to get immediate help. Therefore, your authorization and medical consent is required for us to proceed on such occasions.

I hereby authorize the VCAC-Knight Street Church Ministry staff and volunteers consent for medical treatment and to authorize a physician or hospital for medical assessment, treatment or procedures for my child, _____ in the event of a medical emergency.

☐ I DO allow my child's photo to be taken and/or used in future promotional material

☐ I DO NOT allow my child's photo to be taken and/or used in future promotional material

Name of Parent/ Guardian: _____ Signature: _____ Date: _____

DO NOT WRITE (OFFICE USE ONLY)		
Application Status	Application Number	Payment
<input type="checkbox"/> Registered		<input type="checkbox"/> Cash
<input type="checkbox"/> Wait-Listed		<input type="checkbox"/> Cheque (# _____)



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Information Consent

Nature of Activities

- Tentative outings are to The Richmond Oval, Science World (includes OMNIMAX dome-screen theater) and Watermania.
- Tentative in-house activities include workshops with Science Made Fun and Bricks 4 Kidz.
- Transportation will be by school bus.
- Campers will also walk to close-by parks for activities under adult supervision.
- Some activities will involve being in or near water, including Watermania and weekly water games.

Supervision of Activities

- All activities will be supervised by the Children's Ministry workers and volunteers.

Specific Risks

- Campers will be passengers in school buses, walking along sidewalks and crossing busy streets.
- Play will be active, therefore normal sports injuries or risks are possible.

Expected Behaviour

- Arrive on time with appropriate attire, footwear and necessities.
- Listen and follow instructions.
- Be respectful at all times towards leaders, peers, equipment and the environment.
- Offensive language and inappropriate behaviour towards others will not be tolerated.
- Always notify a leader when leaving a group environment (i.e. washroom) and travel with a buddy.
- No rough play, fighting, stealing or destruction of property.
- Stay within given boundaries, especially when travelling outside camp grounds.
- Inappropriate behavior may result in disciplinary action, such as suspension from camp.

Parent Expectations

- Drop off and pick up child on time.
- Provide specific and up-to-date medical information.
- Provide lunches, snacks, water, sunscreen, and appropriate clothing (hat, extra clothing, walking shoes) for your child. All hot lunches must be in thermal containers. Leaders are not expected to warm up your child's food.
- No peanut based food products please. Food will not be shared among campers.
- **All parents are invited to attend Camp Cafe at the end of each week (Friday)**. Refreshments will be provided while photos of the week are shown. Your child will get a chance to win draw prizes.

I _____ parent/guardian of _____ (child's name) have read this information and discussed it with my child, and thereby consent to my child's participation in DayKnight camp.

I _____ parent/guardian of _____ (child's name) certify that the information provided in this form is true and correct to the best of my knowledge. I will inform leaders as soon as possible if there are any changes in the information provided regarding my child between the date signed below and the start of camp.

Parent/ Guardian Signature: _____ Date: _____



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Pick-Up Authorization Form

The following people are authorized to pick up my child from DayKnight Camp. I authorize the release of my child to their care.

Child's Name: _____

Parent/ Guardian 1 Name: _____ Phone: (_____)_____

Parent/ Guardian 2 Name: _____ Phone: (_____)_____

Additional Names	Relationship to child	Phone
_____	_____	(_____)_____
_____	_____	(_____)_____
_____	_____	(_____)_____

Should, due to unforeseen circumstances or an emergency, it be necessary for someone else to pick up your child, a note from the parent or a phone call is necessary. Please be aware that the person may be asked to identify himself or herself before we release your child.

Parent/ Guardian Signature: _____ Date: _____



Parent Information

Please Keep!

	Dates	Field Trips	In-House Activities
Week 1 Elementary: Storm the Wall	Aug 6-9, 4 days 9:00am-3:30pm	Richmond Olympic Oval	Science Made Fun
Week 1 Preschool: Storm the Wall	Aug 6-9, 4 days 9:00am-12:00pm	N/A	N/A
Week 2 Elementary: Conquer the Wall	Aug 12-16, 5 days 9:00am-3:30pm	Science World and Watermania	Bricks 4 Kidz
Week 2 Preschool: Conquer the Wall	August 12-16, 5 days 9:00am-12:00pm	N/A	N/A

Registration

	Elementary children entering grade 1-7	Preschool children aged 3-5
Week 1	\$130	\$30
Week 2	\$160	\$40
Both Weeks	\$270	\$60

Until all fees and forms are submitted, your child's registration will not be processed. Please pay with exact change or write a cheque payable to Vancouver Chinese Alliance Church. **Registration begins on March 31, 2019 for VCAC and Awana clubbers, and is open to all from April 7, 2019 onwards.**

Please provide lunches, snacks, drinking water, sunscreen, and appropriate clothing (hat, extra clothing, and walking shoes) for your child. All hot lunches must be in thermal container. Leaders are not expected to warm up your child's food. No peanut based food products please.

All parents are invited to attend Camp Cafe at the end of each week (Friday). A compilation of the week's activities will be shown during this time. Your child will also get a chance to win draw prizes.

Refunds and Cancellation

A refund, less a \$25 processing fee, will be issued for cancellations received before July 7, 2019 after which, no cancellation fee will be refunded.

Pro-rating and refunds are **NOT** available for days missed during camp (including those due to injury or illness).

Drop-Off & Pick-Up

Drop off time is between 8:50 am and 9:00 am; the camp begins at 9:00 am. Pick up is between 12:00 pm to 12:15 pm (Preschool) and 3:30 pm and 3:45 pm (Elementary).



Parental Consent Form

Richmond Olympic Oval
6111 River Road, Richmond BC, V7C 0A2

Child's Last Name: _____ Child's First Name: _____

If your child has any medical or other conditions that may affect your child's participation in a Richmond Olympic Oval program or camp, please contact the respective Oval programmer one week prior to the start of the program so that appropriate arrangements can be made.

The Richmond Olympic Oval

Name of Child: _____ Date of Birth: _____

Program Name: _____ Program Number(s): _____

I consent to my child's participation in the above program. I am aware that there are risks associated with participation in the above program, including the risk of injury, and death. While particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the Oval of any medical or other conditions that may affect my child's participation in the above program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Permission is hereby ☐ Granted or ☐ Denied (please check appropriate box) for the Richmond Olympic Oval to take and use photographs of the above-mentioned child for promotions and records.

I have read this Parental Consent Form and understand and accept its terms.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

*This portion of the form is to be filled out for children and youth daycamps and **must be submitted by the start of camp.***

Name: _____ Age: _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____ Home Phone: _____
(Print Name)

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____ Home Phone: _____
(Print Name)

Emergency Contact: _____ Work Phone: _____ Cell Phone: _____ Home Phone: _____
(Print Name)

Emergency Contact: _____ Work Phone: _____ Cell Phone: _____ Home Phone: _____
(Print Name)

Any physical or behaviour issues that may affect your child's participation in activities must be communicated to the Programmer or Coordinator one week prior to the start date of the program.

Does your child have allergies? ☐ No ☐ Yes If yes, allergic to: _____

Does your child carry an epi-pen? ☐ No ☐ Yes Does your child know how to administer the epipen? ☐ No ☐ Yes

If your child carries medication, where is it kept? _____

Date of most recent tetanus shot: _____ Are your child's immunizations up-to-date? ☐ Yes ☐ No

Please note Oval staff do not administer medication. Medication remains the sole responsibility of the participant.

Family Doctor: _____ Phone: _____

BC Medical Number (Care Card): _____

Does your child require extra support to participate in the program? ☐ No ☐ Yes *(If yes, please contact the programmer/coordinator as soon as possible.)*

Who (other than Parent/Guardian listed above) has consent to pick up your child after the camp/program?

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Does your child understand and/or speak English? ☐ No ☐ Yes What other languages does your child speak? _____

Is there any other information that will help your child have a successful program experience?