

Summer Scapes Registration 2022

(Community Kids)

Camper Information

First Name:	Last Name:
Birthdate:	Sex: Female Male Other
Care Card Number:	
Any health concerns (Medical or otherwise):	
Allergies:	

Parent/Legal Guardians Name

First Name:	Last Name:
Address:	
Phone Number (Main):	Phone Number (Other):
Email:	

Emergency Contact

First Name:	Last Name:
Relationship:	
Phone Number:	

Please note before and after care is an option (first come first serve) for an additional \$5.00/day. Before care is anytime between 7:30am and 8:15am. After care is anytime between 3:30pm and 4:00pm.

	Theme & Field Trip	Dates	Weekly Rate	Daily Rate	Before & After Care
Week 1	Aloha Summer (Eco Dairy)	July 4-8 M T W TH F	\$135	\$30	Before After
Week 2	Splash Down (Waterslides)	July 11-15 M T W TH F	\$135	\$30	Before After
Week 3	Around the World (Clip N Climb)	July 18-22 M T W TH F	\$135	\$30	Before After
Week 4	Fly Me to the Moon (Extreme Air)	July 25-29 M T W TH F	\$135	\$30	Before After
Week 5	Animal Planet (Vancouver Zoo)	August 2-5 T W TH F	\$115	\$30	Before After
Week 6	H2Oh My (Waterslides)	August 8-12 M T W TH F	\$135	\$30	Before After
Week 7	Mad Science (Science World)	August 15-19 M T W TH F	\$135	\$30	Before After
Week 8	Super Hero (Wild Play)	August 22-26 M T W TH F	\$150	\$30 (\$45 Friday)	Before After
			\$115 x _____	\$30 x _____	\$5.00 x _____
			\$135 x _____	\$45 x _____	
			\$150 x _____		
			Sub Total=	Sub Total=	Sub Total=
TOTAL COST					

Payment Options

Cheque	Etransfer	Cash	Credit/Debit
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E-Transfer – send to ettransfer@cscl.org and include name of child/youth in comments and use password "Summer"

Please note we accept cash/cheque at our Mathieson center location and credit/debit at our Mary Street Location

Mathieson Centre Location
45195 Wells Road
Chilliwack B.C.

Mary Street Location
9353 Mary Street
Chilliwack B.C.

CONSENT FORMS

Any section that is not signed by the Parent/Guardian will be considered as 'no consent'.

TRANSPORTATION CONSENT

FIELD TRIPS: I give permission for the above-named Child/Youth to be transported by car, bus/van and participate in outings organized by CSCL's Child & Youth Services Programs and Child/Youth Respite Program. If an emergency arises while my Child/Youth is in the care of CSCL, I hereby request/give my consent and authorize CSCL to contact an ambulance to transport my Child/Youth to the hospital.

Signature of Parent/Guardian: _____

Date: _____

LIABILITY RELEASE/INFORMATION

I agree that CSCL will not be liable for damages, loss, costs or expenses arising out of the actions of my Child/Youth accessing programs with CSCL. This shall apply to all claims for personal injury, damage to property and loss of property. Liability insurance is provided by CSCL, but participation in programmed sports and activities involve a risk of normal injuries associated with those specific sports and activities. Your Child/Youth's participation will be deemed to indicate your acceptance of such risks. Therefore, CSCL accepts no responsibility for such normal activity risks.

PLEASE NOTE: For Child/Youth Group Programs: We usually communicate via Email and through the Share vision Website: <https://cscl2.sharevision.ca/>

Parents/Caregivers will be informed about planned activities on their Child/Youth's Share vision Website and in the monthly program calendars posted on our family information board. In the event of a need to change an activity, due to unforeseen circumstances (e.g. weather, facility closures) we will substitute with a comparable activity and families will be notified as soon as possible.

Signature of Parent/Guardian: _____

Date: _____

Media Consent

While on an outing or at one of CSCL's events exciting situations arise. By photographing or video-taping these events we can share them with you the parent/guardian, and also utilize them to demonstrate the "good works" of CSCL. For this reason, we ask for permission to share these photographs and/or videos with the general public (for promotional or educational purposes) via CSCL's website, social media sites, newsletters, and information brochures.

Check one

- **Yes**, it's OK to take pictures/videos
- **No**, it's not OK to take pictures/videos

Consent to Apply Sunscreen and/or Bug Spray

By signing this consent form I give permission to CSCL's Child/Youth & Youth Services Staff to apply either Sunscreen or Bug Spray to your Child/Youth/Youth, if needed.

Check all that apply:

- **Sunscreen**
- **Bug Spray**

Consent for Pick Up

I consent the following people to pick up my child from CSCL programs.

Name: _____	Name: _____
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I certify that I have read and understand the Summer Program Parent Handbook which was provided to me.

Signature: _____