

**BIG Little Science Centre – Summer Science Day Camp  
Registration and Consent Form 2018**

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Sept 2017: \_\_\_\_\_

Medical Concerns (allergies, health issues, behavioral concerns, medication currently in use, other):  
\_\_\_\_\_

CARE Card #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Printed name of Parents/Guardians: \_\_\_\_\_

Contact Phone Numbers: work: \_\_\_\_\_ home: \_\_\_\_\_ cell: \_\_\_\_\_

Address of Parents/Guardians: \_\_\_\_\_

Email address (for info, newsletter and photo sharing with the family): \_\_\_\_\_

Local contact name, address and phone number if from out of town: \_\_\_\_\_  
\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #'s: work: \_\_\_\_\_ home: \_\_\_\_\_ cell: \_\_\_\_\_

People allowed to pick up your child at end of day: \_\_\_\_\_

*Please check all boxes that apply:*

- |                          |   |           |
|--------------------------|---|-----------|
| <input type="checkbox"/> | <b>Super Wow Science Camp, July 9 to July 13, Week 1</b>      | \$ 180.00 |
|                          | 9:00 am to 3:00 pm. Must have finished Kindergarten.          |           |
| <br>                     |   |           |
| <input type="checkbox"/> | <b>Robotics Camp, July 30 to Aug 03</b>                       | \$ 180.00 |
|                          | 9:00 am to 3:00 pm. Ages 9 and up                             |           |
| <br>                     |   |           |
| <input type="checkbox"/> | <b>Super Wow Science Camp, August 13 to August 17, Week 2</b> | \$ 180.00 |
|                          | 9:00 am to 3:00 pm. Must have finished Kindergarten.          |           |

**For Office use only**

<b>Camp Discounts for BLSC Members:</b> \$10.00 per week
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**Subtotal:** \_\_\_\_\_

**Discount:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**Method of Payment:** \_\_\_\_\_ **Date of Payment:** \_\_\_\_\_

***The BIG Little Science Centre reserves the right to expel any camper, without refund of entrance fees, who behaves inappropriately or is disruptive to other campers, volunteers, or staff.***

**Permissions**

- 1. I hereby give permission to have pictures taken of my child in the program setting for general record-keeping.  
**Yes No (circle)**
- 2. I hereby give permission to have pictures taken of my child in the program setting for publicity purposes, newsletters.  
**Yes No (circle)**

**In case of accident or illness, if a parent or guardian cannot be reached, we will take your child to the emergency ward of the nearest hospital. Signing the consent form gives your authorization for emergency health services.**

The BIG Little Science Centre Science Camps Program is preparing a variety of scientific activities and experiments for the campers.

I, \_\_\_\_\_ (**name of Parent or Guardian**) understand that activities of this type expose the students participating to elements of risk. Accidents may occur while participating in these activities. The BIG Little Science Centre employees have been trained in both WCB Level 1 First Aid and Workplace Hazardous Materials Information System (WHIMS) courses. We will take all necessary and appropriate safety precautions and will attempt to minimize any associated risks. These accidents may cause injury. Examples of injury which may occur while participating in this type of activity include:

- 1. **Sports related injuries from participating in games and activities.**
- 2. **Cuts from sharp objects or cutting utensils used.**
- 3. **Injuries resulting from improper use of a variety of chemicals.**

Accidents can be a result of the nature of the activity and can occur without fault on either part of the student, of the BIG Little Science Centre Camps Program or its employees or agents. By allowing your son/daughter to participate in this activity you are accepting the risk of accident occurring. Furthermore, I understand that parent drivers / vehicles may be used to help transport the children on field trips.

I give \_\_\_\_\_ (**name of camper**) permission to participate in the BIG Little Science Centre, Summer Science/Robotics Camp. The information in this application is correct and I am the parent or guardian of \_\_\_\_\_ (**name of camper**). I hereby have read and agree to all terms and conditions on this application.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Witness (19 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

**REGISTRATION**

**Full registration requires the completion of both pages of this form and full payment.**

**IN PERSON: BIG Little Science Centre  
655 Holt Street, Kamloops, BC**

**BY MAIL: BLSC Camp Registration  
PO Box 882, Station Main, Kamloops  
British Columbia V2C 5M8**

**ELECTRONIC: Email form to (susan@blscs.org) & call with payment; 250-554-2572**