

BIG Little Science Centre's Invitational Science Camps

Pro-D Day Camp Registration Form

February 02 OR April 22, 2024

For students in grades 5, 6, 7

RETURN by Friday January 26 at latest, for the February 2 camp.

Free to the participants and includes snack and lunch.

Each camp starts at 9:00am and finish at 3:00pm. Arrive after 8:40am.

Located at BIG Little Science Centre, 458 Seymour Street, downtown Kamloops

Name of Camper: _____ Birth date: _____

Current Grade: _____ CARE Card Number: _____

Medical concerns, allergies, food issues/allergies, behavioral concerns, medication currently in use, other:

School Name: _____

Name(s) of Parents/Guardians: _____

Daytime '**this will reach you**' phone number(s): _____

Address of Parents/Guardians: _____

Email (for info, updates, photo sharing): _____

Local contact name, address and phone number if you are from out of town:

Name of Emergency Contact(s): _____

Emergency Contact Daytime '**this will reach them**' phone #: _____

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

Individual Day Camps: Free, includes snack and lunch

Mark your preferred day camp; it is unlikely that there would be space for you in both.

If you are available for both, number them as 1 and 2 in your preferred order.

Friday February 2 Shocking Fun, with MicroBits and MORE: Electricity Theme For all learners

Monday April 22 Mad Scientists, Explosions and MORE: Chemistry Theme For all learners

Permissions

1. I hereby give permission to have pictures taken of my child in the program setting for general recordkeeping. 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, if necessary 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. 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.

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 camp activities. These accidents may cause injury. Examples of possible hazards include: sports activities, cuts from sharps, 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.

I give _____ (name of camper) permission to participate in the BIG Little Science Centre Pro-D Science Day 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.

Contact Susan for more information.

ELECTRONIC: Email form to (susan@blscs.org)

IN PERSON: @ BIG Little Science Centre
458 Seymour Street, Kamloops, British Columbia