

# Spring Camp Registration Form



Weeks/Days Registering for: \_\_\_\_\_

Camp Location Registering for: \_\_\_\_\_

Tri-Cities West (ages 7-12)

Tri-Cities East (ages 7-12)

Tri-Cities Central (ages 7-12)

Kids Only: Coquitlam (K-Gr. 2)

Kids Only: PoCo (K-Gr. 2)

Tri-Cities Youth Only (ages 10-12+)

Do you need Before and/or After Camp between 8-10 am and 4-6 pm? \_\_\_\_\_

If yes, please specify the timeframes you need (i.e. 8:30-10 am, 4-4:30 pm, etc): \_\_\_\_\_

Participants First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Are there any medical conditions or food allergies that staff need to be aware of? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Does your child need a life jacket when swimming? \_\_\_\_\_

*Note: Our "Kids Only (K-Gr. 2)" Spring Camps won't be swimming.*

What are your child's favourite activities? \_\_\_\_\_

Do you have any other info you'd like to include? \_\_\_\_\_

Parent/Caretaker Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Parent/Caretaker Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Authorized pick-ups other than parents/caretakers:

Authorized Pick-Up: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Pick-Up: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Photo Release: We try to take program photos so participants can share their experiences with their families. A link will be sent after camp ends. May we share program photos that include your child on our website, social media, and posters? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to receive a seasonal email regarding our upcoming programs and events? \_\_\_\_\_

If your child brings money, we will assume they have permission to buy food or drinks from Concessions or vending machines.

*Our goal is to create the safest, healthiest, and most respectful community possible. We have a **zero-tolerance policy** for physical, verbal, and emotional violence. If a camper is violent, their family will be called to pick them up and the rest of their camp registration will be cancelled and refunded.*

I/We release, remise, and forever discharge Rainforest Camps staff and partners of Rainforest Camps of and from all manner of actions, claims, and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Rainforest Camps program or event. If my child is injured, ill, or needs medical attention and I/we cannot be contacted, I/we authorize Rainforest Camps staff to seek medical attention.

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

Please email the completed form to [info@rfcamps.com](mailto:info@rfcamps.com)