



Vancouver Island Region One Association
c/o Darlene Clark
5011 Elizabeth St. Port Alberni, B.C. V9Y 7R2
Phone: 250-720-5474
Email: dclark884@gmail.com

REGION 1 YOUTH CAMP July 15 – 18, 2024

The purpose of gathering the information on this form is to provide the leaders with the information they need to facilitate the activities for the youth and to be able to respond in the event of an emergency. We respect the privacy of our members and their families by adhering to the privacy principles set out in Schedule 1 of "The Personal Information Protection and Electronic Documents Act". The leaders will be provided a copy of the information.

This form is to be completed and signed by the parent/guardian and submitted before the camp.

PARTICIPANT INFORMATION:

Last Name First Name..... Middle Name.....
Nickname..... Gender: Male.... Female Date of Birth (d/m/yyyy)
Street Address..... City..... Prov. Postal Code.....
Email..... Home Ph.#..... Other Ph.#.....
Provincial Health Card Number.....

Please note any medical concerns that we should be aware of i.e. medication, allergies, dietary restrictions...
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.....

Swimming ability: - ___ cannot swim ___ Poor (dog paddle) ___ Average (tread water) ___ Strong

Shirt Size

Adult: Small Medium Large Xlarge 2XLarge

Child: Small Medium Large Xlarge

please circle applicable size, as this is the shirt size that will be given to the participant

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PARENT / GUARDIAN INFORMATION:

Parent(s)/Guardian(s) Name (if address same as above):

Email..... Parent/Guardian: Daytime Ph. #.....

Home Ph.#: Other Ph.#.....

Parent(s)/Guardian(s) Name (if address different from above)

..... Email;

Parent/Guardian: Daytime Ph.#: Home Ph.#.....

Other Ph.#:

EMERGENCY CONTACT INFORMATION:

Name of Contact: Daytime Ph.#:

Home Ph.#: Other Ph.#

Relationship to youth:

Applicant Last Name **Applicant First Name**

MEDICAL EMERGENCY PROCEDURES CONSENT:

Experience has shown that in connection with some youth activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

CONSENT TO PARTICIPATE

I understand that participation in this camp is voluntary, and involves a certain degree of risk. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to participate in BC Wildlife Federation Region 1 Youth Camp 2024.

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Signature of Parent/Guardian

.....

Date

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PHOTO RELEASE AND FUNDRAISING CONSENT:

Throughout the camp, leaders and parents take photos and video of youth participation in camp activities. These photos are typically kept in group photo albums, displayed on group web sites or included in a photo cd for distribution to participants at a later date. Some are also submitted to local newspapers, BC Outdoors Magazine and BCWF publications. As well, some of our sponsors, may include pictures of children participating in camp activities on their website or in their publications. Permission is needed to take and use these photos as indicated.

I consent to the use of images of myself and/or my child/ward as indicated above.

Signature of participant/parent or guardian.

I DO NOT wish to have the use of images of myself and/or my child/ward as indicated above.

Signature of participant/parent or guardian

Note!!

******This registration form is to be submitted by the club, to which the youth belongs to, NOT by the participant or parent/guardian.***