

Vancouver Island Region One Association

c/o Darlene Clark

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REGION 1 YOUTH CAMP July 17 – 21, 2023

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 before the camp.

PARTICIPANT INFORMATION:
Last Name Middle Name Middle Name
Nickname Gender: Male Female Date of Birth (d/m/yyyy)
Street Address Prov Postal Code
Email Other Ph.# Other Ph.#
Provincial Health Card Number
Please note any medical concerns that we should be aware of i.e. medication, allergies etc

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				
				Email;
			Parent/Guardian: Daytime Ph.#: .	Home Ph.#
			Other Ph.#:	
			EMERGENCY CONTACT INFOR	RMATION:
Name of Contact:	Daytime Ph.#:			
Home Ph.#:	Other Ph.#			
Relationship to youth:				
Applicant Last Name	Applicant First Name			
MEDICAL EMERGENCY PROCE	EDURES CONSENT:			
Experience has shown that in cor	nnection with some youth activities there are times when illness or			
accident may occur and immediat	te surgical or medical attention is necessary. This is my permission			
for the leader in charge, or design	nates, 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 b	by the quickest means possible if this authority is exercised.			
CONSENT TO PARTICIPATE				
I understand that participation in t	his camp is voluntary, and involves a certain degree of risk. After			
carefully considering the risks inve	olved, 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 Region	n 1 Youth Camp 2023.			
Signature of Parent/Guard	dian 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.