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**Coastlands Kids Camp 2019  
Parent/Guardian Release**

*Registration for your camper is complete once this form and payment have been received. Registration information and this release are kept confidential and are kept onsite in hard copy during the week of Coastlands Kids Camp in case of emergency.*

*With this in mind, please ensure all information is legible and scans are of suitable quality.*

Child's Full Legal Name \_\_\_\_\_

Parent/Guardian's Full Legal Name \_\_\_\_\_

I, \_\_\_\_\_ as the parent/legal guardian of \_\_\_\_\_ give permission for my child to attend the Coastlands Kids Camp during August 12-16, 2019.

I, as the parent or legal guardian of this child, hereby authorize any official escort of the camp to call a licensed physician to administer medical or surgical treatment in such a way as necessary. In the event of a major emergency, someone will attempt to contact me as soon as possible.

I have also fully completed the online registration page, and have provided all the necessary information that will give my child a safe week of camp.

My child has agreed to abide by the rules established for the safety and enjoyment of all campers.

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

**FOR OFFICE USE ONLY:**

Consent Form Received on (date) \_\_\_\_\_ by \_\_\_\_\_

Registration Fee Received on (date) \_\_\_\_\_ by \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash/CHQ# \_\_\_\_\_

Camper Guide Sent on (date) \_\_\_\_\_ via \_\_\_\_\_ by \_\_\_\_\_