



BCMA SUMMER DAY CAMP

2012 REGISTRATION FORM

Please complete a separate registration form for each Camper. All forms must be signed and dated by the child's parent or legal guardian. Only completed forms with payment will be processed. Follow the "How to Register" instructions found on the front page of the Summer Day Camp brochure.

PARENTS/ LEGAL GARDIAN INFORMATION

Father Full Name: _____

Tel: _____ E-Mail: _____

Mother Full Name: _____

Tel: _____ E-Mail: _____

Address: _____

DAY CAMPER INFORMATION

Camper First Name: _____

Camper Last Name: _____

DOB: _____ Age (as of July 1st, 2012): _____

Gender: ☐ Male ☐ Female

Name of School Attending: _____

SELECT A PROGRAM ☐ SPARROWS----\$165 ☐ EXPLORERS----\$165 ☐ PATHFINDERS----\$190

SELECT WEEK(S) REQUIRED

| W1 (Jul 3-6) | W 2 (Jul 9-13) | W 3 (Jul 16-20) | W4 (Jul 23-27) | W5 (Jul 30-Aug 3) |
|-----------------|-------------------|--------------------|-------------------|----------------------|
| | | | | |

* Subject to availability

CAMP T-SHIRT (\$10/shirt)

| KIDS | | | Junior | | | Adult | | |
|------|---|---|--------|---|---|-------|---|---|
| S | M | L | S | M | L | S | M | L |
| | | | | | | | | |

- Prices include daily transportation from Masjid Al-Salaam to BC Muslim School and back.
- Rate subject to space availability
- Hours of operation 8:00am – 5:30 pm.

SUBSIDY/ INCOME ASSISTANCE: ☐ YES ☐ NO

If yes please complete the information below ...

Amount approved per Week: \$ _____

Number of Weeks Approved: _____

Starting Date: _____ Ending Date: _____

Parent's signature: _____

\$ _____ x _____ = \$ _____
Fee # of Weeks Amount due

\$ **10** x _____ = \$ _____
T-Shirt # of T-Shirts Amount due

\$ _____ x _____ = \$ _____
B & A Care # of Weeks Amount due

Sub Total \$ _____

3-weeks Special Discount - \$ _____
(Subject to availability)

\$ _____ x _____ - \$ _____
Subsidy # of Weeks Amount Paid

TOTAL BALANCE DUE \$ _____

FOR OFFICE USE ONLY

Method of Payment:

☐ Cash ☐ Cheque ☐ Credit Card

Received by: _____

Date: _____

MEDICAL HISTORY INFORMATION

BC Medical Plan Number: _____

Doctor's Name: _____ Tel. #: _____

Emergency Contact Person (s)

(1) _____ Tel. #: _____

(2) _____ Tel. #: _____

Medical Condition/Allergies:

| Mild | Moderate | Life Threatening |
|------|----------|------------------|
| | | |

Does your child require medication to be taken at day camp: ☐ Yes ☐ No *If yes provide details:*

If your child has any special need, dietary restriction, or learning disability, staff should be aware of please provide a brief explanation and documentation if applicable.

CONDITIONS OF ENROLMENT

1. Application can not be confirmed unless accompanied by full payment.
2. Islamic attire is required at the camp.
3. Refund Policy:
 - Your payment is refundable in full if we cannot confirm your application.
 - Your payment is refundable, less a service charge of \$50, if a camper's reservation is cancelled in writing before June 15th, 2012. After June 15th, 2012 camp fees are not refundable.
 - Our fees are for a personal reservation for a specific period and not a day by day fee. We therefore will not refund fees for days missed for any reason.
 - Refund requests are made **ONLY** in writing to the **BCMA extra 12300 Blundell Rd, Richmond BC V6W 1B3**
4. I agree to allow my child to participate in all camp activities and in any supervised trips or activities not on camp property, and I give camp officials authority to act on my behalf in case of an emergency.
5. The BC Muslim Association, reserve the right to terminate/ suspend the registration of any camper if, in the opinion of the Program Director, it is in the best interest of the child or the camp. In such event, a proportional refund will be made.

**ATTACH
a current photo of
your child**
(Black & White Photo
is acceptable)

SIGNATURES

I/We have read and agree to all terms and conditions of enrolment / Medical waiver. A copy of the terms and conditions/medical waiver was given to me/ us. Please enroll my child as named Herein at BCMA extra Summer Day Camps at 12300 Blundell Rd Richmond, BC v6X 1B3

Parent/Legal Guardian Name

Signature

Date

Warning Please Read Carefully. By signing this document, you accept important legal obligations and waiver legal rights.

I the parent/legal guardian of *(Child full name)* _____ understand that this is a legal agreement and by my signature below; I freely understand and accept that I am giving up certain legal rights. I am aware of and agree to allow my child to participate in the activities as part of the Day Camp. Such activities include, but are not limited to: indoor and outdoor wide area games, sporting events, games, swimming, and off site field trips (collectively the "Activities"). I understand that there are risks involved with participating in activities of this nature and that injury; illness and even death could result. **I freely and fully accept all risks, damages, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage and/or loss resulting there from.**

In the event of an emergency, I understand that it may be necessary to transport my child to a medical facility and hereby grant my consent to the BCMA extra Summer Day Camp to transport my child to the nearest medical facility and assume full liability for any costs related to the treatment and transportation of my child.

I hereby release, indemnify and hold harmless the British Columbia Muslim Association (BCMA), its trustees, executive board, executive council, directors, corporation members, staff, agents, volunteers, members and representatives from: a) any personal injury, accident or damage to the above named child or his/her property; b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise due to the above named child participation in the Activities; and c) any and all liability for any damage to the personal property of or personal injury to, any third party resulting from the above named child participation in the Activities.

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement I am voluntarily agreeing to abide by its terms and conditions and I am waiving certain legal rights that I or my child may have.

PHOTOS & VIDEOS WAIVER



YES, I give permission to the staff and volunteers of the **British Columbia Muslim Association (BCMA)** and Day Camp to take photographs and video of the above noted child and for these photos and videos to be used in the future promotion of the activities of the Association.

Parent/ Legal Guardian Name

Signature

Date

Witness Name

Signature

Date