

## **Cowichan Tribes**

## **Summer Camp Registration Form 2019**

**Deadline** for Registration is Friday June 14, 2019 4:00 pm

**Drop off forms** to Cowichan Tribes Administration Building 5760 Allenby Road • Duncan, BC ,Registration is

First Come-First For Serve Cowichan Tribes Youth ONLY

Form Received Date and time stamp

STUDENT INFORMATION			
Student name:			
Date of Birth:		Cowichan Tribes Status #:	
Parent/Guardian Name:			
Address:			
Email Address:			
Home Phone:	Work Phone:		Cell Phone:
MEDICAL INFORMATION			
Doctor's name:			
Doctor's Telephone:			
Care Card #:			
Does your Child have any health issu going health issues? (please describe			y or nutritional concerns, recent or on iption Drugs

## **EMERGENCY CONTACT & PICKUP INFORMATION** Permission to Pick up Primary Emergency contact: Relationship to Student ☐ Yes ☐ No Telephone (Primary) Telephone (Secondary) Secondary Emergency contact: Permission to Pick up Relationship to Student ☐ Yes ☐ No Telephone (Primary) Telephone (Secondary) The following alternate person(s) has my permission to pick up from Cowichan Tribes Summer Camp when I am unable to do so. Name: Relationship to Student Telephone: Relationship to Student Telephone: Name: Relationship to Student Name: Telephone: PHOTO RELEASE & LIABILITY WAIVER There are times we like to take photographs and/or video for marketing, promotional, and archival use (includes social media, website, print materials, etc). Do you give permission for your child to be photographed ☐ Yes or videotaped by Cowichan Tribes staff? Cowichan Tribes Chief and Council, Administration will not be responsible for personal injury, or for the loss of personal property while the child mentioned above, individual, group, or organization is taking part in the activities of Camp Cowichan 2018. Parents, Guardians, or individuals signing this form agrees to indemnify and hold harmless the staff and Chief and Council of Cowichan Tribes. Participants registered here have permission to take part in any and all activities occurring inside or away from Cowichan Tribes facilities.

Date:

Printed Name of Parent/Legal Guardian:

Signature: