Cowichan Estuary Nature Centre

2026 Nature and Science Spring Camp Registration and Medical Form:

Camp Dates:

Child's Name:

Date of Birth:

Last Grade Completed:

Parent/Guardian Information:

Name:

Relationship to Participant:

Phone:

Cell Phone:

Other adults who may pick up or drop off your child:

Name:

Contact Number:

Name:

Contact Number:

Emergency Contact: (other than listed above)

Name:

Relationship to Participant:

Phone:

Care Card Number/Medical Insurance:

Family Doctor:

Name:

Phone:

Knowing any special considerations ahead of time will help our staff prepare to have the safest and most enjoyable camp possible for all.

Allergies: Please explain in detail and if medication may be required

- We may take the participants for ice cream, please let us know if your child is unable to participate and we will include them in another way.

Medical Conditions:

Dietary Restrictions:

Physical Limitations/Learning Disabilities/Special Needs:

Important Note:

Booking: Registration is via Eventbrite only. Booking is not considered compete until this form is completed and submitted. Please email to: info@cowichanestuary.ca

Cowichan Estuary Nature Centre

I hereby acknowledge that my child, whose name appears below and who is a minor, has my permission to participate in day camp activities associated with the Cowichan Estuary Nature Centre.

Further, I understand, acknowledge and consent:

1. That there are risks associated with my child participating in activities that could include the possibility of injury.

2. If my child does not follow the rules of camp activities, he/she may be removed from the camp without refund.

3. My child may receive suitable first aid medical treatment which may be deemed advisable in the event of injury or sudden illness. Camp staff are certified in First Aid.

4. The Cowichan Estuary Nature Centre may use my child's first name and photographs or video images of my child that are made during the camp for educational or promotional use related to the centr ☐ **Yes** ☐ **No**

5. My child is mentally and physically capable of participating in camp activities, including able to feed, clothe, and toilet by themselves.

6. I give consent for the Cowichan Estuary Nature Centre to seek emergency medical care (911) for my child if necessary.

I hereby assume all risks and responsibilities for my child's participation in Cowichan Estuary Nature Centre programs and waive, release and discharge the Cowichan Estuary Nature Centre and their directors, employees and volunteers, from any responsibility for harm, loss, personal injury, or death resulting from, arising out of, or in connection with participation in activities with the Cowichan Estuary Nature Centre.

Child's Name: _____

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE FORM AND UNDERSTAND ITS SIGNIFICANCE.

Parent or Guardian Name: (please print) _____

Parent or Guardian Signature: _____ Date: _____