



DIGICAMPS

Metlkatla Camp Sessions 2018

				Registration	Payment Received
August 13-17	Ages 5-7	CECOMP 888	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>
August 13 -17	Ages 8-12	CECOMP 900	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>
August 13-17	Ages 13 & up	CECOMP 889	1pm-4pm	<input type="checkbox"/>	<input type="checkbox"/>

Please drop off forms to Roberta Barker at the administration building.
 For more information call Dawn Blake 250-624-6054 ext. 5715 or dblake@coastmountain.ca.

Child's First Name: _____ Child's Last Name: _____
 Child's Preferred Name: _____ Date of Birth (mm-dd-yyyy) _____
 Home Address: _____ City: _____
 Province: _____ Postal Code: _____ Email Address: _____
 Parents'/Guardians' Name: _____ Contact Number: _____

Alternative Contact in Case of Emergency

#1 Name _____ Relationship _____ Phone # _____
 #2 Name _____ Relationship _____ Phone # _____

Medical Info:

Care Card # _____ Doctor's Name _____ Phone _____

Does your child (check all the boxes that apply and please explain below)

- have hearing disabilities have speech/language problems
- take medications have vision problems
- have learning disabilities have any special custody arrangement
- require special diet/allergies have other health concerns
- have allergies (please write "none" if no allergies) _____

Please specify and comment on any above marked items: _____



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Photo Permission Form

I _____ hereby authorize the Coast Mountain College and Actua, the national organization of which Coast Mountain College is a network member, to photograph, audio record, video record, podcast and/or webcast the child (digitally or otherwise) without charge; and to allow Coast Mountain College and Actua to copy, modify and distribute in print and online, those images that include your child in whatever appropriate way either Coast Mountain College and/or Actua sees fit, without having to seek further approval.

Child's name _____

Date _____

Parent's name _____

Parent's Signature _____