



# DIGICAMPS

## Terrace Camp Sessions 2018

				Registration	Payment Received	
July 16-July 20	Ages 5-7	CECOMP 888	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
July 16-July 20	Ages 8-12	CECOMP 900	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
July 16-July 20	Ages 13 & up	CECOMP 889	1pm-4pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
July 30 – Aug 3	Ages 5-7	CECOMP 888	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
July 30 – Aug 3	Ages 8-12	CECOMP 900	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
July 30 – Aug 3	Ages 13 & up	CECOMP 889	1pm-4pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
Aug 20-Aug 24	Ages 5-7	CECOMP 888	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
Aug 20-Aug 24	Ages 8-12	CECOMP 900	9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75
Aug 20-Aug 24	Ages 13 & up	CECOMP 889	1pm-4pm	<input type="checkbox"/>	<input type="checkbox"/>	\$75

Please drop off forms and payment (cheque, cash or credit payment) at Coast Mountain College Registration 5331 McConnell Ave. 8:30-4:00pm Monday – Friday. For more information call Dawn Blake 1.877.277.2288 ext. 5715 or [dblake@coastmountaincollege.ca](mailto:dblake@coastmountaincollege.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 \_\_\_\_\_