



BC Wildlife Park  
Kamloops

# BC WILDLIFE PARK KIDS CAMP REGISTRATION & CONSENT FORM

**CAMP DATE(S):** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_  MALE  FEMALE

**BIRTH DATE (M/D/Y):** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**MEDICAL CONCERNS:** Please list any health concerns, allergies, physical disabilities or behavioural issues. Please list precautions and instructions:

\_\_\_\_\_  
\_\_\_\_\_

**CARE CARD #:** \_\_\_\_\_ **DOCTOR'S NAME:** \_\_\_\_\_

**DOCTOR'S PHONE #:** \_\_\_\_\_

**Name of Parents/Guardians:** \_\_\_\_\_

Contact Phone Numbers: **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address of Parents/Guardians:** \_\_\_\_\_

\_\_\_\_\_

Local contact name, address and phone number if from out of town: \_\_\_\_\_

\_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

Emergency Contact's phone #: **cell:** \_\_\_\_\_ **home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**CARPPOOLING?** Please list the names of persons authorized to pick up your child. We will not release your child to anyone that is not listed here: \_\_\_\_\_

\_\_\_\_\_

\*Please complete both pages

**AGREEMENT:**

- I give permission to consult a physician other than my family physician. I authorize the British Columbia Wildlife Park staff to have a physician attend to my child in the event of an emergency. The British Columbia Wildlife Park will not be responsible for any medical costs. **Initial:** \_\_\_\_\_
- To the best of my knowledge my child is in good health and has not been exposed to an infectious illness or disease within two weeks prior to attending camp. If my child is exposed to an illness or is sick on the day of the camp, I understand that the BC Wildlife Park must be notified and the child may not be permitted to attend camp. **Initial:** \_\_\_\_\_
- I hereby give permission to have pictures taken of my child in the program setting for publicity purposes (website and social media). Yes  No
- I agree to assume all risks involved in my child (name) \_\_\_\_\_ in participating in the British Columbia Wildlife Park's Kids Camps. I agree to indemnify and save harmless the British Columbia Wildlife Park, its servant and agents, relieving them of all liability for losses and damages of all and every description for the camp participant or myself may suffer or be put to. **Initial:** \_\_\_\_\_
- I agree and understand the cancellation policy which states that I **MUST** provide seven days notice to receive a refund. Otherwise, fees are non-refundable. **Initial:** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**REGISTRATION REQUIRES COMPLETION OF BOTH PAGES OF THIS FORM AND FULL PAYMENT. YOUR REGISTRATION WILL THEN BE CONFIRMED!**

**PAYMENT INFORMATION:**

For Office Staff to fill in: Total: \_\_\_\_\_

Are you an annual pass holder:  YES  No Pass #: \_\_\_\_\_

Payment Method:  MasterCard  Visa  American Express

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ CSC: \_\_\_\_\_

Forms can be emailed to [bookings@bcwildlife.org](mailto:bookings@bcwildlife.org) or faxed to 250-573-2406

\*Payment can also be taken over the phone, please call 250-573-3242 ext.226

\*If you have any questions or concerns please call 250-573-3242 ext.226