



KIDS CAMP REGISTRATION AND CONSENT FORM

Contact Details

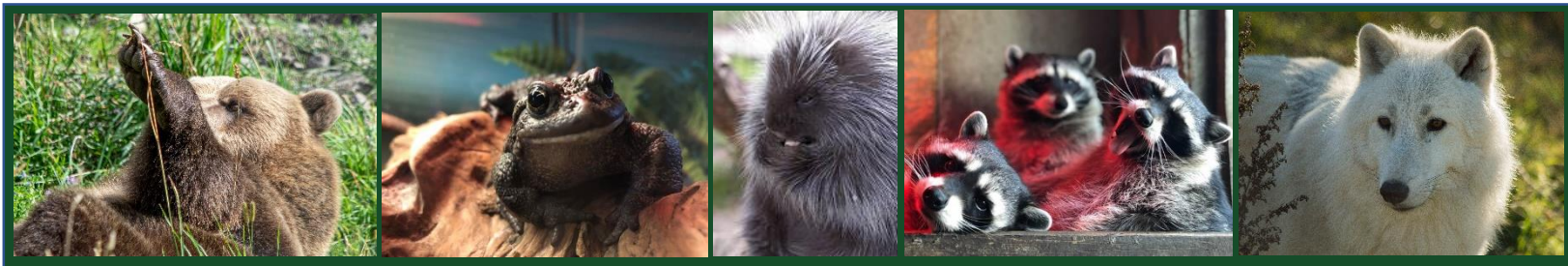
Parent / Guardian			
Address			
City			
Province		Postal Code	
Phone number		Email	
Local contact name (If different than above)			
Local contact phone number (If different than above)			

Participant Details

Date(s)			
Child's Name			
Are you an annual pass holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Age		Birth Date (mm/dd/yyyy)	
Persons authorized to pick up your child (We will not release your child to anyone not listed)			

Emergency Information

Name of Emergency Contact	
Emergency Contact Phone Number	
Care Card Number	
Doctor's Name	
Doctor's Phone Number	
Medical Concerns Please list any health or behavioural concerns, allergies, or physical limitations. Please list precautions and instructions.	



Terms & Conditions

1. I give permission to consult a physician other than my family physician. I authorize the BC 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.

Guest Initial _____
2. 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 my child may not be permitted to attend camp.

Guest Initial _____
3. I authorize the BC Wildlife Park to film and or photograph my child and acknowledge that all photographs become the property of the BC Wildlife Park's marketing and promotional materials, including but not limited to website and programs. I understand the circulation of the materials could be used worldwide and there will be no compensation for this use.

Guest Initial _____
4. I agree to assume all risks involved in my child (name) _____ in participating in the BC Wildlife Park Kid's Camps. I agree to indemnify and save harmless the BC 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.

Guest Initial _____
5. To complete your booking, please complete and return the registration form; payment is due upon registration. I agree and understand the cancellation policy which states that I must provide seven days notice to receive a refund. Late cancellation or no shows will result in 100% of the Kids Camp fee. Completed registration forms and cancellations must be emailed to bookings@bcwildlife.org

Guest Initial _____

Signature of Parent / Guardian: _____

Date: _____

Billing Information

Payment Method	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Credit card number			
Expiry date (mm/yy)		CVV	
Signature			

To activate electronic signing feature, please save, close, and reopen document.
 Once complete, please email as an attachment to bookings@bcwildlife.org