



BC Wildlife Park Kid's Camp Registration & Consent Form

Parent / Guardian	
Address	
Phone number	
Email	
Local contact name, address, and phone number (If different than above)	

Participant Details

Camp Date(s)	
Child's Name	
Are you an annual pass holder?	If yes, pass number:
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 Number	C: _____ W: _____
Care Card #	
Doctor's Name	
Doctor's Phone Number	
Medical Concerns Please list any health concerns, allergies, physical limitations, behavioural issues. Please list precautions and instructions	

Billing Information

Credit card number	
Expiry date & CSV	
Payment Method	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express
Signature	
If you would like to pay over the phone please call (250) 573-3242 ext.226	

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 or faxed to (250) 573-2406**
Guest Initial: _____

Signature of Parent / Guardian: _____

Date: _____

*If you don't receive a confirmation or registration from our bookings department within 2 business days please contact us to insure that we received your form.