



Camp Morice Registration Summer Camp Form

Please check off the camp(s) for which you are registering:

		Until Jun 1 st	After Jun 1 st
Kids Camp #1	July 5 - 11	\$185	\$195
Youth Camp	July 11 - 17	\$250	\$260
Kids Camp #2	July 18 - 23	\$185	\$195
First Nations Camp	July 25 - 30	\$185	\$195
Cana Camp	Aug 4 - 10	\$300	\$320
Family Camps	Aug 16 - Sep 4 (per week)	\$300	\$320

Total: \$ _____

Note: Full registration fee must be submitted before June 1st with this form to ensure your or your child's registration. *For Family Camp, please follow the Italicized fonts.*

Parent/Guardian Name / *Family Name*

Camper's Name / *First name* Male Female Date of Birth

Address / *Address*

Phone Number *E-mail address / E-mail address*

BC Medical Number

Emergency Contact Emergency Phone Number

Method of Payment: Cash Cheque

Parent/Guardian Signature Date

You will be required to fill out and sign a detailed medical history form and liability waiver on the back of this form. Please note that each camp begins at 3pm on the first day and ends at 12pm the last day.

If you have any questions about filling out the form, please contact Camp Morice

Camp Morice, Box 7000, Prince George BC, V2N 3Z2

Make cheques payable to "Camp Morice"

Please fill out this medical and liability waiver for submission with registration

Parents, Guardians or Conservators Agreement of Waiver of Liability and Indemnification

(This form must be filled out and signed for each participant in Camp Morice Kids Camps or Youth Camps)

I, _____, am aware of, recognize and acknowledge the dangers involved in participating in the summer camp experience and activities, which can include swimming, hiking, crafts, sports, and evening programs (campfires, dances).

I, the undersigned parents, guardian or conservator, do hereby represent that I am, in fact, acting in such capacity and agree on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns to:

- a. Waive, release and discharge Camp Morice, its owners, officers, directors, members, agents, employees, assigns, legal representatives and successors, and volunteers from any and all liability, damages, claims, demands, losses or causes of action of any and every kind, including for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, arising out of or relating to any summer camp activities or occurrences;
- b. Indemnify and hold harmless Camp Morice its owners, officers, directors, members, agents, employees, assigns, legal representatives and successors, and volunteers from and against any and all liabilities, damages, claims, demands, losses or injuries to person and property, or causes of action made by other individuals or entities as a result of any of the participant's involvement in or actions during camp; and
- c. Assume full responsibility for the risk of bodily injury, death, disability or property damage arising out of or related to the above-described activities, whether caused by the participant's negligence or otherwise.

I, the undersigned parent, guardian or conservator, voluntarily sign this agreement, acknowledge that I have read and understand the above release, waiver and indemnification, and intend my signature and initials below to be a complete and unconditional release of all liability to the broadest and most inclusive extent allowed by the law of British Columbia.

Please initial the boxes below to indicate that you have read and agree to the following releases.

- FIELD TRIP RELEASE:** I/We, the undersigned, grant permission for my/our child to be escorted away from the central program area to Mount Pope, as part of the regular Camp Morice activities
- PHOTO RELEASE:** I/We, the undersigned, grant permission to Camp Morice, its owners, officers, directors, members, agents, employees, assigns, legal representatives and successors, and volunteers, to photograph, tape, film, or make an audio recording of my/our child's participation in the summer camp program. I/ We grant Camp Morice, its owners, officers, directors, members, agents, employees, assigns, legal representatives and successors, and volunteers, an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials. I/We understand that these materials will be used for the purpose of public information and /or education and may appear in calendars, posters, newspapers, brochures, exhibits, Camp Morice publications on the Camp Morice website, or on television.

I understand that I have the obligation to explain the meaning and significance of this document to the participant and acknowledge that I have done so.

Name of Participant: _____ Age: _____

Parent, Guardian, or Conservator Name (Printed) Relation to Camper

Parent, Guardian, or Conservator Signature Date

Camp Morice - Medical Information Form - (All information is confidential)

Name _____	Birth Date _____
Address _____	Phone _____
Parent / Guardian _____	
Home/Cell Phone _____	Work Phone _____
Alternate Emergency Contact	
Name _____	Phone _____
Care Card Number _____	

Please note any health problem, physical handicap, emotional difficulty, behavioural problems or any other facts which may limit full participation during the camp:

Immunization shots are current, (i.e. tetanus, diphtheria, typhoid, smallpox, and polio vaccine):

Yes (___) No(___)

Indicate if your child is subject to any of the following:

- | | | | | |
|--------------------------------------|--|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sensitive skin | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Ear aches |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Eye infections |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Wears contact lenses | <input type="checkbox"/> First time away from home | |

All medication, prescription and non prescription must be given to the Camp First Aid Supervisor

Specific medication instructions including the name of medication and dosage

To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to a communicable disease during the three weeks prior to the start of the camp. I give the camp medical personnel authority to act on my behalf if the need for medical treatment arises. In the case of an emergency the parent or the guardian will be contacted as soon as possible.

Signature of parent / guardian _____ **Date** _____