

BIG Little Science Centre Summer Camps 2007 Consent Form

**Campers will not be registered unless this signed
and dated form is returned with the registration
form.**

Permissions

1. I hereby give permission to have pictures taken of my child in the program setting for general record-keeping. Yes No (circle)
2. I hereby give permission to have pictures taken of my child in the program setting for publicity purposes. Yes No (circle)
3. In case of accident or illness, if a parent or guardian can not be reached, we will take your child to the emergency ward of the nearest hospital. Signing the consent form gives your authorization for emergency health services.

The BIG Little Science Centre Science Camps Program is preparing a variety of scientific projects and experiments for the campers.

I, _____ (name of Parent or Guardian) understand that activities of this type expose the students participating to elements of risk. Accidents may occur while participating in these activities. The BIG Little Science Centre employees have been trained in both WCB Level 1 First Aid and Workplace Hazardous Materials Information System (WHIMS) courses. We will take all necessary and appropriate safety precautions and will attempt to minimize any associated risks. These accidents may cause injury. Examples of injury which may occur while participating in this type of activity include:

1. Sports related injuries from participating in games and activities.
2. Cuts from sharp objects or cutting utensils used.
3. Injuries resulting from improper use of a variety of chemicals.

Accidents can be a result of the nature of the activity and can occur without fault on either part of the student, of the BIG Little Science Centre Camps Program or its employees or agents. By allowing your son/daughter to participate in this activity you are accepting the risk of accident occurring.

I give _____

(name of camper) permission to participate in the BIG Little

Science Centre Science Camp(s) for the week of

_____ (dates).

The information in this application is correct and I am the parent or

guardian of _____

(camper's name). I hereby have read and agree to all terms and

conditions on this application.

Signed by **Parent/Guardian** Date

Printed name of Parent/Guardian

Address of Parent/Guardian

Signed by **Witness** Date (19 years or older)

Printed name of Witness

Address of Witness

FOR MORE INFORMATION

Gord Stewart, Executive Director

BIG Little Science Centre

Located at Bert Edwards School
711 Windsor Avenue, Kamloops BC
Mail: PO Box 882 Stn. Main
Kamloops BC V2C 5M8

Phone: (250)-554-2572
E-mail: Gord@blscs.org

Sign up for: (please check box)	Time	Price
<input type="checkbox"/> July 16-20 2007 (age 6-8)	9:00-11:30	\$85.00
<input type="checkbox"/> July 16-20 2007 (age 9-12+)	1:00-3:30	\$85.00
<input type="checkbox"/> Aug 13-17, 2007 (age 6-8)	9:00-11:30	\$85.00
<input type="checkbox"/> Aug 13-17, 2007 (age 9-12+)	1:00-3:30	\$85.00

Pro-D Day Discounts:
\$5 per week for campers booking a second week
\$5 per week for BIG Little Science Centre members
\$5 per week for siblings in same camp or separate camps

Subtotal: _____

Discount: _____

Total: _____

Method of Payment

Cash

Cheque

Childs Name

Address

Postal code

Home Phone

Birth Date

Female Male

Allergies

Medications taken

Doctors Name

CARE Card Number

Other medical or behavioral conditions that could affect the camp activities

Parent/Guardian Name (print)

Home Phone

Work Phone

Mobile Phone

Name of emergency contact

Home Phone

Work Phone

Mobile Phone

Please include signed consent form with your payment. Drop payment and consent off at BIG Little Science Centre or mail to the BIG Little Science Centre (address to the right).