

BIG Little Science Centre Pro-D Day Camps 07/08 Consent Form

Sign up for: (please check box)	Time	Price
<input type="checkbox"/> Fri. Oct 19, 2007	8:30-2:30	\$35.00
<input type="checkbox"/> Mon. Dec 03, 2007	8:30-2:30	\$35.00
<input type="checkbox"/> Mon. Jan 21, 2007	8:30-2:30	\$35.00
<input type="checkbox"/> Mon. May 05, 2007	8:30-2:30	\$35.00

Pro-D Day Discounts:
\$5 per day for campers booking two or more days (2 days = \$60, 3 days=\$90)

\$2 per day for BIG Little Science Centre members

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).

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

Permissions

- I hereby give permission to have pictures taken of my child in the program setting for general record-keeping. Yes No (circle)
- I hereby give permission to have pictures taken of my child in the program setting for publicity purposes. Yes No (circle)
- 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:

- Sports related injuries from participating in games and activities.
- Cuts from sharp objects or cutting utensils used.
- 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 day(s)/week(s) 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

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