

2011

July 6, 7, 8



# KIDS CAMP

# REGISTRATION

CHILD NAME:	AGE (at camp date):
PARENT NAME(S):	BIRTHDATE (D/M/Y):
ADDRESS:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
CITY:	POSTAL CODE:
PHONE (best parent to contact, easiest number to reach you at):	CLUB MEMBER: Y <input type="checkbox"/> N <input type="checkbox"/>
EMAIL:	CARE CARD #:
<b>KIDS BIO.</b>	
Have you tried any of these events before? Wakeboarding <input type="checkbox"/> Kneeboarding <input type="checkbox"/> Skiing <input type="checkbox"/> Barefooting <input type="checkbox"/>	
What would you like to learn?	
What other sports do you participate in?	
My swimming ability is: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Parent, check if lifejacket desired at all times near water <input type="checkbox"/>	
Do you have any allergies/medical conditions/disabilities we should know about?	
T-shirt Size: <b>CHILD</b> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> <b>ADULT</b> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/>	
My child requires a daily Pick-up / Drop-off at (Note, camp operates 9:00-4:00): Deep Cove Gov't Dock (8:00/4:45) <input type="checkbox"/> Woodlands (8:30/4:30) <input type="checkbox"/> Walley Dock @ Belcarra (8:45/4:15) <input type="checkbox"/> **Please arrive a few minutes early for both drop-off and pick-up as times can vary**	
Referral Source: Came Before <input type="checkbox"/> By a Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Boulevard Sign <input type="checkbox"/> Website <input type="checkbox"/>	
Please call 604-306-4703 during the camp to report unexpected absences	
I hereby authorize my child's participation in this camp. I know of no mental or physical problems that may affect my child's ability to participate safely in this camp. I consent to such medical treatment of my child, in the event of an emergency, as the attending physician may advise. I will be responsible for any medical or other charges in connection with his/her treatment or attendance at the camp. I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in the camp's activities, and by signing this document, I waive and release any and all right and claim for any damages of any sort or any other claim or remedy of any sort I may have against the Vancouver Water Ski Club, its directors, officers and volunteers, in connection with my child's participation in the camp. My child and I agree that any pictures taken by the camp can be used in any promotion or advertisement, and our personal data can be shared with Water Ski Wakeboard BC.	
Parent/Guardian Signature:	Date:

**FEES: Please make cheques payable to "Vancouver Water Ski Club"**  
**\$175 MEMBER RATE, \$250 NON-MEMBER RATE**

A cheque must be mailed with this registration form and an 'Annex C' Waiver to Wendy Wong  
 415 Tempe Crescent, North Vancouver, V7N 1E7

**Secure your spot by faxing or e-mailing this form to (604) 987-7632 or  
 wendy.wong@vwsc.org**

*Daily Hot Lunch and Snacks Included!*

**Full refund if cancelled outside of 14 days. Refund within 14 days ONLY if spot can be filled by VWSC.**