



**2022/2023 Registration**  
**Rec & Roll and**  
**Boitanio Summer Daycamp**

COLOR Photo  
of Child

Enrolment Date

Withdrawal Date

*Personal information contained on this form is required for the operation of the program and is collected under Section 26c of the Freedom of Information and Privacy Act. This information is for staff use and kept confidential.*

Childs Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / dd / yy

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

School: \_\_\_\_\_

Kindergarten: Registered in / Completed \_\_\_\_\_ Grade: \_\_\_\_\_

*Rec & Roll: children must be **registered in Kindergarten** to attend  
Boitanio Summer Daycamp: children must have **completed Kindergarten** to attend*

Swim Level: \_\_\_\_\_ completed Non-swimmer

Immunizations up to date? Yes No Not Immunized

Allergies: \_\_\_\_\_ Care Card #: \_\_\_\_\_

Medications: \_\_\_\_\_

Current/Past Injuries/Disabilities: \_\_\_\_\_

Has your child wandered or ran away from another program? Yes No

Describe any behaviour issues your child has at school: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctors Phone #: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a custody agreement in place for your child? Yes No N/A

*If yes, provide a copy.*

Emergency Contact: Other than Parent/Guardian

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Pick-Up Authorization:

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**FIELD TRIP CONSENT:**

I hereby give permission for my child to participate in supervised field trips with City of Williams Lake Recreation staff. The method of transportation may include walking, city owned vehicles, charter bus, public transportation, or rental van. Activities may include swimming. Field trip information will be provided on monthly calendars.

**TRANSPORTATION CONSENT:**

I understand that, if needed, the personal vehicles of City of Williams Lake recreation staff may be used to transport children, to the desired location, and that my child will be safely buckled in with a seat belt and appropriate child restraint.

**EMERGENCY TREATMENT CONSENT:**

In case of illness or accident of my child, and I cannot be reached by phone, I authorize the City of Williams Lake recreation staff to send for or seek medical assistance. I agree that the care providers, IN AN EMERGENCY, may call upon the local hospital or ambulance. I give consent for my child to receive medical treatment in an emergency. All costs incurred are the responsibility of the parent or guardian.

***I understand that I am responsible for immediately notifying the staff of changes to the above information and I agree to the Field, Transportation and Emergency consents.***

\_\_\_\_\_  
Signature (no digital signature)      Printed Name      Date

**PHOTOGRAPHY/ VIDEO WAIVER/RELEASE:**

I give permission for the City of Williams Lake to take photographs and/or videos of my child for promotions and records. We use photos on social media, newspaper ads, posters and in the Leisure Guide.

\_\_\_\_\_  
Signature (no digital signature)      Printed Name      Date

<b><u>Office Use Only</u></b>			
	<b>Rec and Roll</b>	✓	
Child is registered in Kindergarten		<input type="checkbox"/>	<b>Boitanio Summer Daycamp</b> (yellow paper) ✓
Color Photo		<input type="checkbox"/>	Child has completed Kindergarten
Custody Agreement, <i>if applicable</i>		<input type="checkbox"/>	Color Photo
Registration form reviewed & completed		<input type="checkbox"/>	Custody Agreement, <i>if applicable</i>
Original in binder & copy to Coordinator		<input type="checkbox"/>	Registration form reviewed & completed
			Original in binder & copy to Coordinator
			*7 year olds: 2 copies to Coordinator