



Mission statement: "We aim to inspire youth to connect with our community and nature with fun inclusive outdoor activities."

Participant(s) Name	Date of Birth	Care Card #
	M:D:Y:	
Registration in Camp(circle): (July 3-7) (July 10-14) (July 1	7-20) (July 24-28) (August	7-11) (Aug 14-18) (Aug 21-24)
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Parent/Guardian:	Home P	hone
Day-time phone	Alternate emergency contact	
Home Address		
Email Address		
Does/do your child(ren) have an should be aware of? Do you have and/or participation in activities	e special instructions regardi	tions that the camp counsellorsing pick up/drop off of your child

WILSIGHT GOLDEN, GET WILD! Summer Day Camp 2017 Registration Form

I (circle one) Do / Do Not give permission for my child to appear in photos used by Wildsight Golden for our website or materials used for our organization. Golden Wildsight reserves the right to send participants home if their behavior is too disruptive to the camp or if they have health issue that prevent them from participating in camp activities. Participants should be capable of moderate physical activity such as walking for 2 km. Signature of Parent/ Legal Guardian ______ Date _____ *Please write check payable to *Wildsight-Golden*, E-transfer's to our Treasurer leahmaegardner@gmail.com and mail this form to: **GET WILD! Camp** Wildsight Golden Box 25 Golden BC V0A 1H0 or drop-off at our office at #203, upstairs Patlar building, 421 – 9th Ave N* Rates per week: Early sign up (before June 24) \$180 \$200 Regular rate (after June 25) Daily Drop-in rate \$60 (or Daily drop-in rate on Out-trip thursdays) \$70 Daily after-camp-care rate, 3pm-5pm \$20 Family's who register multiple children and/or for multiple weeks receives a \$10 discount after their first registration! To be completed by Camp Coordinator: Signed Wildsight waiver **Total Payment:** Send a Kid to Camp Sponsorship: (E-transfer) (Cash)

(Cheque)