THANK YOU FOR COMPLETING ALL PAGES OF THIS REGISTRATION FORM

## *WILD CRAFT PLAY ADVENTURE PROGRAM - REGISTRATION FORM*

Attach Photo Here

Start Date: _____ End Date: _____

Name of Child: _____ Birth Date ____/____/____ Sex: M F

School: _____ Grade: _____

Care Card Number: _____ Phone: _____

Medical Practitioner Name: _____ Address: _____

***PLEASE NOTIFY US WHEN YOU CHANGE ADDRESSES, PHONE, OR WORKPLACE***

***BELOW, CONTACT INFORMATION OF 2 ADULTS WHO WILL BE FIRST AND SECOND CONTACTS***

Name: _____

Address: _____

Home Number: _____

Work Number: _____

Cell Number: _____

Place of Work: _____

Name: _____

Address: _____

Home Number: _____

Work Number: _____

Cell Number: _____

Place of Work: _____

***PERSON/S AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD AND EMERGENCY CONTACTS***

1. NAME:_____PHONE #:_____

2. NAME:_____PHONE #:_____

3. NAME:_____PHONE #:_____

- ☐ Has your child experienced after school adventure programming before?
- ☐ What kinds of activities are you hoping your child will experience?

- ☐ Do you want to participate in activities with your child?
- ☐ Do you have interest in participating in fundraisers to enhance programming?

***PERSON/S UN-AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD***

1. NAME:_____PHONE #:_____

2. NAME:_____PHONE #:_____

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250-927-7923

Please provide special instructions below concerning care, behavior, medication or diet.

Care:

_____
_____
_____
_____
_____
_____
_____

Behavior:

_____
_____
_____
_____
_____
_____
_____

Strategies:

_____
_____
_____
_____
_____

Medication:

_____
_____
_____

Diet:

_____
_____
_____

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**Commitment of Service**

- ☐ Child Care with Wilderness, Adventure and Social Experiential Activities
- ☐ Safe transportation to and from activities
- ☐ Be on time and be prepared for activities
- ☐ Duty of care to take reasonable care to avoid harm of self and child
- ☐ Diligent care when dealing with inherent and unforeseen risks
- ☐ Client confidentiality
- ☐ Provide service rain or shine
- ☐ Give at least 2 weeks notice to change scheduled time, unless un-foreseen circumstances

**Commitment to Provider**

- ☐ My signature below indicates that I have reviewed the website, and understand what I am signing my child up for, and understand the services offered by the Licensed Program Manager and staff
- ☐ My signature below authorizes our Licensed Program Manager or staff, to obtain a Physician and/or Ambulance in the event of an emergency.
- ☐ I also hereby understand that the Licensed Program Manager or staff, to the best of their ability, will keep our child's possessions safe, and yet if the child's possessions are misplaced, they is not responsible for replacing them.
- ☐ In consideration of the child's needs, I/we acknowledge and agree that he/she may be transported in and use any facilities the Licensed Program Manager or staff deems fit for Intervention. We understand that any violent interaction between the child and any staff at the Wild Craft Play Adventure Program and/or parent and Licensed Program Manager or staff, could compromise the contract, and may be terminated due to said cause.
- ☐ In the case of an accident where the Licensed Program Manager or staff, and any affiliate has provided due diligence, they will not be held liable.
- ☐ I also hereby understand and agree that my family's personal information collected on this document for the sole use of the Licensed Program Manager or staff, and it is for the purpose of the delivery of safe and enjoyable child care.

- ☐ I, _____have read and agree with the following terms and information. If I have any questions regarding this information I will speak to Licensed Program Manager or staff before initialing and signing off on this contract.

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***Please initial each section upon reading. By doing this you are stating you understand and agree with each procedure listed.***

**GENERAL INFORMATION**

_____ * One month's written notice is required to cancel care. This must be in writing and given to Licensed Program Manager or staff. I acknowledge if I give less than one month's notice, I am required to pay for care for one month after notice is given.

_____ * To change care schedule, you must give at least 30 days' notice

_____ * In the event of absenteeism due to illness, vacation, etc., not initiated by Licensed Program Manager or staff, I understand I am still responsible for full payment of service.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

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## Parental Permission for Outings and Media Release,

Within the services at Wild Craft Play Adventure Program, at times we require permission from parents and guardians for things such as outings, permission to take photographs of children for the newspapers or our website, or even for permission to apply sunscreen on your child. Please fill in the form below indicating whether or not you would like your child to take part.

I, _____, being the parent/guardian for _____, hereby advise the Program Leader of the following:

• I permit the Wild Craft Play Adventure Program Licensed Program Manager and staff (WCPAP) to take my child/ren on day outings throughout Vancouver Island. Yes No

• I permit the WCPAP to apply sunscreen on my child/ren as requested by parent. Yes No

• I permit the WCPAP to photograph my child/ren for display in social media online. Yes No

• I permit the WCPAP to photograph or film my child/ren for the creation of a documentary or video for research purposes. Yes No

I also understand that by my signature below, I agree to indemnify and save harmless the Wild Craft Play Adventure Program Licensed Program Manager and staff from and against any and all claims or liability issues that may arise.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

Please return this as soon as possible, and let us know if you have any questions or concern!

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## POSSIBLE OUTDOOR ACTIVITIES & SAFETY INFORMATION

Our goal is for everyone to have fun! The types of outings that we can offer are:

| | | |
|---|---|---|
| Swimming | Hiking | X Country Skiing |
| Kayaking | Mountain Biking | Paddle Boarding |
| Canoeing | Camping | High Ropes / Zip Lining |
| Caving | Wilderness Survival Training | Travelling to other Islands |

One way to be safe is to have our safety rules. Whenever swimming, riding a bike, paddling, hiking or exploring, the child must practice safe actions and manage risk, or else the Program Manager will cancel the activity and the child will be taken home. All safety devices must be worn properly, and my child recognizes that they only work when used properly. It must be fitted properly to the child according to safety regulations.

***I understand the Wild Craft Play Adventure Program will not provide safety equipment, other than a first aid kit, survival kit, cell phone and extra first aid equipment kept in vehicle.***

**SWIM LEVEL & PFD INFORMATION**
CHECK ONE:
- ☐ … Not allowed in water (but allowed on the shore)
- ☐ Allowed to walk ankle deep in water

***Requires Life Jacket***
- ☐ … Shoulder high in water
- ☐ … Over head height in water

Initial: ____ * I understand that my child requires a PFD, which I will supply.

**BICYCLE LEVEL & HELMET INFORMATION**
CHECK ANY/ALL:
- ☐ … Paved roads (back country)
- ☐ City streets
- ☐ … Cross country trails
- ☐ … Park trails

Initial: ____ * I understand that my child requires a helmet, which I will supply.

**HIKING LEVEL & SURVIVAL INFORMATION**
CHECK ANY/ALL:
- ☐ … Local Parks
- ☐ Any park across Vancouver Island
- ☐ … Back country
- ☐ … Off Trail

Initial: ____ * I understand that my child requires a survival kit, which I will supply.

**PADDLING LEVEL & RESCUE INFORMATION**
CHECK ANY/ALL:
- ☐ … Local Lakes
- ☐ Ocean (2-4 hour trips in good weather)
- ☐ … Any lake across Vancouver Island
- ☐ … Distance trips (8 hours to multi-day excursions)

Initial: ____ * I understand that my child requires all survival gear required by the Department of Transport.

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Emergency Card information. Please print, fill out, and provide a 4 x 6 photo of your child's face

EMERGENCY—PERMISSION CARD

Child's Name: _____ D. O. B. _____

(First Name, Surname) (Year, Month, Day)

Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Other Numbers: _____

Emergency Contact: _____ Date of Recent Tetanus Shot: _____

Child's Doctor: _____ Phone: _____

Medical Number: _____

Allergies/Medications _____

PLEASE SIGN PERMISSION FORM

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
2. I hereby authorize the staff at Wild Craft play Adventure Program/child care facility to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

_____ _____

Signature Date

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# IMMUNIZATION RECORD

Name of Child: _____

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN**
(ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

| | |
|---|---|
| First Visit – two months of age: YYYY / MM / DD | Fourth Visit – 12 months of age: YYYY / MM / DD |
| ❑ **Diphtheria** | ❑ **Measles** |
| ❑ **Pertussis** | ❑ **Mumps** |
| ❑ **Tetanus** | ❑ **Rubella** |
| ❑ **Polio** | ❑ **Meningococcal C Conjugate** |
| ❑ **Haemophilus Influenza Type b (hib)** | ❑ **Varicella (chicken pox)** |
| ❑ **Hepatitis B** | |
| ❑ **Pneumococcal Conjugate** | Fifth Visit – 12 months after third visit: YYYY / MM / DD |
| ❑ **Meningococcal C Conjugate** | ❑ **Diphtheria** |
| | ❑ **Pertussis** |
| Second Visit – two months after first visit: YYYY / MM / DD | ❑ **Tetanus** |
| ❑ **Diphtheria** | ❑ **Polio** |
| ❑ **Pertussis** | ❑ **Haemophilus Influenza Type b (hib)** |
| ❑ **Tetanus** | ❑ **Measles, Mumps, Rubella** |
| ❑ **Polio** | ❑ **Pneumococcal Conjugate** |
| ❑ **Haemophilus Influenza Type b (hib)** | |
| ❑ **Hepatitis B** | 4 to 6 years of age: YYYY / MM / DD |
| ❑ **Pneumococcal Conjugate** | ❑ **Diphtheria** |
| | ❑ **Pertussis** |
| Third Visit – two months after second visit: YYYY / MM / DD | ❑ **Tetanus** |
| ❑ **Diphtheria** | ❑ **Polio** |
| ❑ **Pertussis** | ❑ **Varicella (chicken pox)** |
| ❑ **Tetanus** | |
| ❑ **Polio** | Other Immunizations: |
| ❑ **Haemophilus Influenza Type b (hib)** | YYYY / MM / DD |
| ❑ **Hepatitis B** | YYYY / MM / DD |
| ❑ **Pneumococcal Conjugate** | YYYY / MM / DD |

**BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:**

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

**PARENT/GUARDIAN SIGNATURE** _____

**DATE** _____

**CAREGIVER SIGNATURE** _____

**DATE** _____

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