



Summerland Youth Centre Association

SUMMER 2020 DAYCAMP PROGRAMS

REGISTRATION FORM 2020

Participant's Name(s):		Age:	Program Date & DC #	<input type="checkbox"/> Early Bird/ After Care
1.				
2.				
Participant's Street Address:			Home Phone:	
			Cell Phone:	
Participant's Swimming Ability:				
1.		__ Strong	__ Capable	__ Weak
			__ Non Swimmer	__ Lifejacket Required
2.		__ Strong	__ Capable	__ Weak
			__ Non Swimmer	__ Lifejacket Required
MEDICAL EMERGENCY & IMPORTANT MEDICAL FACTS: (allergies, medications, etc.)				

In case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency centre by the Youth Centre staff when I cannot be contacted. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.				
Signature _____		Name: _____		
Email address*:				
Our schedule is subject to change due to weather conditions; how would you prefer for us to notify you of any changes?				
<input type="checkbox"/> Email		<input type="checkbox"/> Home phone		<input type="checkbox"/> Cell phone
<input type="checkbox"/> Text message				
*Schedules and What to Bring Lists will be emailed to you the week before your child is registered to start.				
B.C. Health Care Number:		1.	2.	
Family Doctor:			Phone Number:	
Emergency Contacts:				
	First Name:	Last Name:	Relation to Participant:	Phone Number:
1.				
2.				
Any other information we should know to help the participant have an enjoyable week:				

Parent Signature _____ Date _____ Payment: ___ Cash ___ Cheque

Registration begins Wednesday, June 3, 2020 6:30 – 8:00 pm at the

Harold Simpson Memorial Youth Centre

CASH or CHEQUES payable to: SUMMERLAND YOUTH CENTRE ASSOCIATION (SYCA)

Registration after June 3, 2020 at the Summerland Aquatic & Fitness Centre