

**Select a Program**

- SPROUTS OF ISLAM
- EXPLORERS
- PATHFINDERS
- AM-RAMADAN CAMP
- PM-RAMADAN CAMP



**BCMA  
Extra  
Summer Day Camp  
2011 Registration Form**

**Select Week(s)  
Required**

- WEEK 1 (July 4 – July 8)
- WEEK 2 (July 11 – July 15)
- WEEK 3 (July 18 – July 22)
- WEEK 4 (July 25 – July 29)
- WEEK 5 (Aug 2 – Aug 5)
- WEEK 5 (Aug 2 – Aug 5)
- WEEK 6 (Aug 8 – Aug 12)

**To be accepted, each application must be completed, signed, dated by the child’s parent or legal guardian. Only completed forms with payment will be processed. Follow the “How to Register” instructions found on the front page of the 2011 Summer Day Camp brochure.**

\*\*\*\*\*

**SEND YOUR COMPLETED APPLICATION TO BCMA extra 12300 BLUNDELL RD,  
RICHMOND BC V6W 1B3 or Drop off at BCMS or SMS**

**DAY CAMPER INFORMATION** (Please print clearly)

Child’s Name:	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
DOB:	<input type="text" value="YYYY/MM/DDD"/>	Entering Grade:	<input type="text"/>	Age as of July 1, 2011	<input type="text"/>
Name of School Attending:	<input type="text"/>				
Home Address:	<input type="text"/>				
City:	<input type="text"/>	B.C. Postal Code:	<input type="text"/>		
Home Tel #:	<input type="text"/>	Family E-mail Address:	<input type="text"/>		
Father’s Name:	<input type="text"/>	Cell #:	<input type="text"/>	Work #:	<input type="text"/>
Mother’s Name:	<input type="text"/>	Cell #:	<input type="text"/>	Work #:	<input type="text"/>

**PERSONS AUTHORIZED TO PICK UP CHILD**

(Including Parents/ guardians)

Name:	<input type="text"/>	Tel. #:	<input type="text"/>
Name:	<input type="text"/>	Tel. #:	<input type="text"/>
Name:	<input type="text"/>	Tel. #:	<input type="text"/>

IS THERE IS A CUSTODY AGREEMENT

- YES  NO

IF YES PLEASE GIVE DETAILS AND PROVIDE A COPY OF ANY Pertinent COURT DOCUMENTS RELEVANT TO THE AGREEMENT

For those parents who requires **EXTENDED** care to fit their busy schedules ...

- ❖ Before Care: 7:30 – 9:30 am is available for additional \$25 per week
- ❖ After Care: 4:00 – 6:00 pm is available for additional \$25 per week
- ❖ Before and After Care is available for additional \$40 per week

**Yes**

## MEDICAL HISTORY INFORMATION

BC Medical Plan Number:

Doctor's Name:  Tel. #:

Emergency Contact Person (1)  Tel. #:

Emergency Contact Person (2)  Tel. #:

**Medical Condition/Allergies:**

**Severity of Allergies:** Mild  Moderate  Life Threatening

**Does your child require medication to be taken at day camp?** Yes  No

**If yes provide details:**

If your child has any special need, dietary restriction, or learning disability, staff should be aware of please provide a brief explanation and documentation if applicable.

## CONDITIONS OF ENROLMENT

1. Application can not be confirmed unless accompanied by full payment.
2. Islamic dress code is required.
3. Refund Policy:
  - Your payment is refundable in full if we cannot confirm your application.
  - Your payment is refundable, less a service charge of \$50, if a camper's reservation is cancelled in writing before June 15<sup>th</sup>, 2011. After June 15<sup>th</sup>, 2011 camp fees are not refundable.
  - Our fees are for a personal reservation for a specific period and not a day by day fee. We therefore will not refund fees for days missed for any reason.
  - Refund requests are made **ONLY** in writing to the **BCMA extra** 12300 Blundell Rd, Richmond BC V6W 1B3
4. I agree to allow my child to participate in all camp activities and in any supervised trips or activities not on camp property, and I give camp officials authority to act on my behalf in case of an emergency.
5. The BC Muslim Association, reserve the right to terminate/ suspend the registration of any camper if, in the opinion of the Program Director, it is in the best interest of the child or the camp. In such event, a proportional refund will be made.

**ATTACH**  
a current photo of your child  
(Black & White Photo is acceptable)

## SIGNATURES

I/We have read and agree to all terms and conditions of enrolment / Medical waver. A copy of the terms and conditions / Medical waver was given to me/ us. Please enroll my child as named Herein at BCMA extra Summer Day Camps at:  
12300 Blundell Rd Richmond, BC v6X 1B3

Mother's Signature	Father's Signature	Date
--------------------	--------------------	------



**Warning Please Read Carefully. By signing this document, you accept important legal obligations and waiver legal rights.**

I the parent/guardian of (fill in full names of each child) \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, understand that this is a legal agreement and by my signature below; I freely understand and accept that I am giving up certain legal rights. I am aware of and agree to allow my child(ren) to participate in the activities as part of the Day Camp. Such activities include, but are not limited to: indoor and outdoor wide area games, sporting events, games, swimming, and off site field trips (collectively the "Activities"). I understand that there are risks involved with participating in activities of this nature and that injury; illness and even death could result. I **freely and fully accept all risks, damages, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage and/or loss resulting there from.**

In the event of an emergency, I understand that it may be necessary to transport my child(ren) to a medical facility and hereby grant my consent to the Church and Day Camp to transport my child(ren) to the nearest medical facility and assume full liability for any costs related to the treatment and transportation of my child(ren).

**I hereby release, indemnify and hold harmless the British Columbia Muslim Association (BCMA), its trustees, executive board, executive council, directors, corporation members, staff, agents, volunteers, members and representatives from: a) any personal injury, accident or damage to the above named child (ren) or his/her property; b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise due to the above named child(ren)'s participation in the Activities; and c) any and all liability for any damage to the personal property of or personal injury to, any third party resulting from the above named child(ren)'s participation in the Activities.**

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement I am voluntarily agreeing to abide by its terms and conditions and I am waiving certain legal rights that I or my child(ren) may have.

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Date Signature

I give permission to the staff and volunteers of the **British Columbia Muslim Association (BCMA)** and Day Camp to take photographs and video of the above noted child(ren) and for these photos and videos to be used in the future promotion of the activities of the Association.

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)