



Malahat

Malahat Nation | 110 Thunder Road | Mill Bay, BC | V0R 2P4

Registration Form BYTE CAMP Program 2018/2019

BYTE Camp is for Youth aged 10-15 years old

Name of Youth: _____ Birthdate: ____/____/____
yy mm dd

Full name of Parent(s)/Guardian

Telephone Number

1. _____

Home: _____

Work: _____

2. _____

Home: _____

Work: _____

Personal Health Number: _____

Family Doctor or Clinic: _____

Phone Number: _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:	
Name	Telephone Number
1. _____	_____
2. _____	_____

Any allergies? NO YES - If YES, list ALLERGENS: _____



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I, _____ the parent/guardian of _____ understand that my youth's participation in the Byte Camp may result in some risk of harm to my youth. I waive all liability from the staff of Byte Camp and Malahat Nation. In the event of a medical emergency I give permission for my youth to be taken to the hospital or be seen and treated by a medical professional.

I, _____ the parent/guardian give permission for _____ to walk to and from the Kwunew Kwasun Centre for Byte Camp unless otherwise discussed with Program staff and understand that Byte Camp starts at 9:00am and ends at 3:00pm on March 11- 15th . Program staff are not responsible for your child outside of these timeframes.

Parent Signature: _____ **Date:** _____

Please be advised that a breakfast and lunch will be provided.

Any comments or information you would like to share with the staff.