



		_	Playground C please fill out com	OFFICE USE: UFV Student Number Posted							
CAMPER INFORMATION											
Name: Surname Given Name(s)					Date / / Gender: ☐ Female of Birth: dd mm yyyy ☐ Male ☐ Non-Binary						
Maili	ing /	Address:			City:						
Prov	ince	2:	Postal Code:		Home Phone: ()						
(Upo	comi	ing Fall) Grade: S	School Attending:		Email:						
Retu	ırnir	ng Camper: Yes	No If no, how did y	ou hear about	us?						
T-shirt size (included in camp fee): Circle One: Child SM ~ Child MED ~ Child LG ~ Adult SM ~ Adult MED ~ Adult LG											
Ем	ERG	SENCY CONTACT IN	FORMATION								
Parent/Guardian Information											
Name:					Phone:						
Nam	ie:				Phone:						
Other Emergency Contact											
Nam	e:				Phone:						
AUT	AUTHORIZED PERSONS that my child can leave Thinking Playground Camp with:										
Name:											
Name (first and last) Relationship to child											
Name: Name (first and last) Relationship to child											
Custody Restrictions: Yes No If yes, please attach court order and state conditions below:											
CAI	ΜР	FEES: * An Internatio	nal student is a student who ho	as neither a Ca	nadian passport no	or a perm	anent resi	dent do	cument.		
Step 1: SELECT CAMP(S):			Camp Dates	Registration Domestic	Second Registr			ational*			
	Cu	rious Critters TFA02 (CR	N 40211/40212) ages 6-9	July 8 – 12	\$250	\$150		\$295			
	An	ndroid Agents TFA21 (CRI	N 40213/40214) ages 10-13	July 8 – 12	\$250	\$150		\$295			
	Th	ought Bots TF22 (CRN40	215/40216) ages 6-9	July 15-19	\$250	\$150		\$295			
	An	nimal Whisperers TF23 (C	RN 40217/ 40218) ages 10-13	July 15- 19	\$250	\$150		\$295			
(10	% c	liscount for UFV Emplo	oyees//20% discount for UF	V Students)	TOTAL PAYABLE						
Ste	p 3:	Payment - NO POST DA	TED CHEQUES WILL BE ACCEPTED ((See page 2 for A	pplication Submission	and Payme	nt Details)				
		Cash	CREDIT CARD INFORMATION	– Please fill ou	t completely		To	tal Enclos	<u>sed</u>		
		Cheque (Payable to UFV)	Card No:			_					
circle o	one	Visa/MasterCard	Expiry Date:				Date Rec	CE USE (ONLY		
		Debit	Name of Card Holder:				Receipt No)			
		Money Order	Signature:								

HEALTH INFORMATION: (IMPORTANT	Γ: PLEASE FILL COMPLETELY)							
** In case of accident or illness, if a parent or guardian cannot be reached, your child will be taken to the emergency ward of the nearest hospital.								
BC Care Card Number or International Insurance number:								
Family Doctor:								
Name (first and last)	Phone Number							
Medical Issues and Special Considerations:		Immunizations up to date: Yes No						
Allergies:		Dietary Restrictions:						
Medications:								
PAYMENT AND REFUND POLICY								
PAYMENT: Due at registration. APPLICATION DEADLINE: 21 DAYS BEFORE THE CAMP START DATE REFUNDS: (Written documentation required from legal parent/guardian.) 100% Refund – Written Documentation received BEFORE the application deadline. 50% Refund - Written Documentation received AFTER the Application Deadline No Shows = No Refund * Withdrawal due to illness or injury will receive a 100% refund WITH a written notice AND a doctor's note.								
BEHAVIOUR MANAGEMENT								
Thinking Playground Camps has a violence and harassment free policy to ensure the safety of all participants. Any physical or racial misconduct will result in immediate removal from the program with no money refunded. We reserve the right to refuse further participation to any participant for inappropriate behavior. All other disciplinary actions will be dealt with on a two-time warning system. The first warning will result in the camper being spoken to outside of the camp activities, the second warning will result in a phone call home to the parents/guardians. If there is a third incidence, the camper will be sent home with no money refunded.								
Consent I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities, sporting activities and lessons at camp. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both. I hereby understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. Some activities involve an intense level of activity. I hereby agree that the University of the Fraser Valley (UFV), its faculty, staff and agents and the Vancouver Institute for Philosophy for Children (VIP4C), its staff and agents shall not be liable for any injury, loss or damage to person or property incurred during this program—including deterioration of health or illness or aggravation of condition resulting from participation in these activities. I have read the information on the website and understand the intensity of activity is high. All registrants must participate in all activities listed in the daily description. If a child has temporary restriction (i.e. flu, sprained ankle, etc.), make sure we are informed on a daily basis, in writing. If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and or emergency contacts. I hereby authorize UFV/VIP4C to take photographs and videos of my child named in this application ("my child") during camp activities, and to display and otherwise use these photographs and videos without charge solely for the purpose or promotional material in connection with Thinking Playground Camps. UFV may decline a camper due to physical and/or verbal abuse towards staff and campers. UFV may decline a camper if the above agreement cannot be agreed upon in whole. I declare having read and understood the above informed consent agreement in its								
I hereby have read and agree to all terms and co correct and I am the legal parent or guardian of		·						
Parent/Guardian Signature:	Printed name of Parent/Guardian:	Date:						
Payment Methods:	Cash Credit Card Debit Cheque	Privacy Notification: Your personal information, and that of your child, is collected under the authority of section						

Payment Methods:	Cash	Credit Card	Debit	Cheque
In Person: Office of the Registrar	√	✓	^	\
By Mail: c/o Office of the Registrar 33844 King Road, Abbotsford, BC V2S 7M8		√		\
Email (Sign & Scan): info@thinkingplayground.org		✓		
Fax: 1-604-853-0138		√		

Privacy Notification: Your personal information, and that of your child, is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). This information will be used to register your child for Thinking Playground Camps, for general camp administration, and in the event there is an emergency. Questions about the collection of this information may be directed to the Department of Philosophy at (604) 504-7441 ext. 4320 or anastasia.anderson@ufv.ca.