

2024



Thinking Playground Camp



Application Form – please fill out completely

Camp held at the International Community School of Abidjan (ICSA)

CAMPER INFORMATION

Name: Surname Given Name(s)		Date of Birth: dd / mm / yyyy	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
Mailing Address:		City:	
Province:	Postal Code:	Home Phone & WhatsApp: ()	
Grade		Email:	
How did you hear about us?			
T-shirt size (included in camp fee): Circle One: Child SM ~ Child MED ~ Child LG ~ Adult SM ~ Adult MED ~ Adult LG			

EMERGENCY CONTACT INFORMATION

Parent/Guardian Information

Name:	Phone:
Name:	Phone:

Other Emergency Contact

Name:	Phone:
-------	--------

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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach court order and state conditions below:

CAMP FEES

Step 1: SELECT CAMP:	Camp Dates	Registration
<input type="checkbox"/> Border Busters [ages 07-13]	March 25-29	CFA 135.000 (Full week, incl. all take-home handicraft projects, invited workshops, T-shirts, and more)

HEALTH INFORMATION: (IMPORTANT: 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.

Is the camper insured in case, for example, an ambulance needs to be called? :

Family Doctor:

Name (first and last)

Phone Number

Medical Issues and Special Considerations:

Allergies:

Dietary Restrictions:

Medications:

PAYMENT AND REFUND POLICY

PAYMENT: Due at registration. **APPLICATION DEADLINE:** WEEKEND 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

BEHAVIOR 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 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 restrictions (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 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*. I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all of the foregoing.

I hereby have read and agree to all terms and conditions on both sides of this application. The information provided on this form is correct and I am the legal parent or guardian of _____(child’s name).

Parent/Guardian Signature:

Date: