



# VANCOUVER COLLEGE

## FINNEGAN SUMMER 2010 REGISTRATION FORM

### PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Are you a VC Student or will you be one in 2010?  Yes  No  
If NO, where do you attend school? \_\_\_\_\_ Entering Grade \_\_\_\_\_ in Sept. 2010

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Cell No.: \_\_\_\_\_

Email Address: *Please print clearly as we communicate primarily by email.*

Mother's Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_

T-Shirt Size:  Adult XL  Adult L  Adult M  Adult S  Child M  Child S

### EMERGENCY CONTACT INFORMATION - (THIS SECTION MUST BE COMPLETED)

Name of Emergency Contact other than Parent: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone No. to reach  
Emergency Contact: \_\_\_\_\_ Alternative Phone No. to  
reach Emergency Contact: \_\_\_\_\_

Participant's BC Medicare No.: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone No.: \_\_\_\_\_

Emergency Medical Information (allergies, physical, or emotional conditions): *Please attach any pertinent documents, test results, etc.*

### COURSE SELECTION

Name & Code No.: \_\_\_\_\_ Dates: \_\_\_\_\_ Cost (\$): \_\_\_\_\_

Name & Code No.: \_\_\_\_\_ Dates: \_\_\_\_\_ Cost (\$): \_\_\_\_\_

Name & Code No.: \_\_\_\_\_ Dates: \_\_\_\_\_ Cost (\$): \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

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**PAYMENT & POLICIES**

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (payable to Vancouver College)	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card No.:	Expiry Date:
Cardholder's Name:		Signature:

**Note:**

1. Childcare Receipt will be distributed Camp Leaders on the last day of camp.
2. Transfer Policy: Request to transfer from one camp to another will be allowed provided it is communicated in writing at least 21 days prior to the start of the camp. If the request is made within 21 days of the camp start date, the request will be handled on a case to case basis.
3. Cancellation Policy: We reserve the right to cancel any camp up to one week prior to the start of such camp. All fees will be fully refunded accordingly.
4. Refund Policy: Refunds are available if the camper withdraws from the camp at least 21 days prior to the start date of the camp. An administration charge of \$50 will be applied. No refunds will be given if the withdrawal is made within 21 days of the camp start date.

**QUESTIONNAIRE**

Please take a moment to respond:

How did you learn of Finnegan Summer 2010? (Please feel free to check as many sources as applicable)

<input type="checkbox"/> My son/daughter participated last year	<input type="checkbox"/> The Vancouver College website
<input type="checkbox"/> My son goes/will be going to VC	<input type="checkbox"/> I saw the ad in: (circle one or more)
<input type="checkbox"/> Through family/friends who have sons at VC	<input type="checkbox"/> BC Catholic <input type="checkbox"/> BC Parent
<input type="checkbox"/> Through faculty/staff of VC	<input type="checkbox"/> Vancouver Courier <input type="checkbox"/> Vancouver Sun/Province
<input type="checkbox"/> Other:	

**SIGNATURE & WAIEVER**

I understand that my child will participate in or attend a camp at Vancouver College and hereby authorize his/her participation in this camp. I am not aware of any mental or physical problems which may affect my child's ability to participate safely in the camp. I consent to such medical treatment of my child in the event of an emergency as the attending physician may advise. I will be responsible for any medical or other charges in connection with his/her treatment or attendance at the camp. I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in activity, and by signing this document I waive and release any and all right and claim for any damages of any sort or any other claim or remedy of any sort I may have against Vancouver College Limited, its directors, officers, and staff, in connection with my child's participation in this camp. My child and I agree that any picture taken by the camp can be used in any promotion or advertisement for our camps. By signing below, my child and I agree to abide by all rules, regulations, financial policies, and standards of conduct as described in the "A Finnegan Summer Brochure and Registration Form". I have read the Vancouver College Summer Program Transfer, Refund, and Cancellation Policies.

Signature of Parent/Guardian:	Date:
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- Please submit completed form to Vancouver College by:
- Fax to 604-261-2284
  - Mail to 5400 Cartier Street, Vancouver, BC V6M 3A5
  - In person to the Main Office c/o Mrs. Kathy Plant

For office use only – do not write in this area		
Application Received on:	Application Received by:	
Cash:	Cheque No. & Amount:	Date: