



EVERGREEN
ADVENTURE SOCIETY

EverGreen Adventure Society
Day Camps
PERMISSION FORM

As the Parent or Guardian of: _____

Attending the Brae Island Regional Park Day Camp,

Session: _____

I give my permission for my child to attend the Brae Island Regional Park Day Camp and be under the supervision of the Day Camp staff. I understand all excursions within the local community will be carefully preplanned and adequately supervised and I will be informed about them prior to their taking place.

I give my permission for the use of photographs, films, slides, videotapes of my child taken during the program for in-house purposes (promotional material) within Brae Island Regional Park. I understand that the names of the child will not be published without my express written permission.

In case of emergency, I _____, authorize the staff of Brae Island Regional Park to call an ambulance to take my child to the nearest emergency centre. I understand that should such an emergency arise, I or my emergency contact (when I cannot be reached) will be notified immediately. I agree that any cost incurred for such services shall be my responsibility.

Signature of parent _____ Date _____