OAK BAY
PARKS, RECREATION
& CULTURE

Supported Camper Permissions/Acknowledgements Form

Spring Break 2027

Camper Information:
Child's Full Name:
Date of Birth:

Please read and click each box to indicate you understand and consent to the following:

Authenticity:

I certify that all information provided in the *Supported Camper Registration Application* is complete and accurate, and that I am the legal guardian of the child named.

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Communication:

I confirm that the contact information provided on the *Supported Camper Registration Application* is accurate and up to date, and I will make every reasonable effort to remain reachable at the phone numbers provided during camp hours.

I consent to OBPRC staff contacting any of the following professionals, if I have supplied their information: Supported Child Development Consultant, Occupational Therapist, School Educational Assistant, or other relevant professionals.

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Out Trips:

I authorize my child's participation in out trips organized by Oak Bay Parks, Recreation, and Culture.

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Supported Camper Handbook:

I have read and understand the policies and procedures outlined in the *Supported Camper Handbook*.

I have read and understand the *Camper Expectations* outlined in the Handbook.

I have read and understand the *Caregiver Responsibilities* outlined in the Handbook.

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Camp Registration:

I authorize that OBPRC staff can register my child in the camps selected on the *Camper Registration Request Form*. If the first-choice camp is unavailable, I understand my child may be registered in their second-choice camp.

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Pre-Authorized Payment Agreement:

I authorize **The Corporation of the District of Oak Bay** to debit my account at the financial institution or credit card listed on the *Pre-Authorized Payment Form*, as designated on my child's client account in the recreation registration software, following camp registration.

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Payment:

I accept full responsibility for all fees associated with my child's enrollment in camp programs and understand that registering my child obligates me to the full cost of care. I authorize payment to be processed via the information provided on the Pre-Authorized Payment Form.

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Your Rights:

I understand that I have certain rights if any debit does not comply with this agreement, including the right to reimbursement for any unauthorized camps.

For more information on your recourse rights, please contact your financial institution or visit www.cdnpay.ca.

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's Children's Licensed care, camps and programs. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at foi@oakbay.ca or 250-598-3311