

Oak Bay Cross Country Camp Registration Forms

Name _____ Grade you are entering ____
Student Email _____ Parent Email _____
Phone _____ # of years I have attended XC Camp ____
Are you a vegetarian? Yes No

Email the completed registration form package to tkubicek@sd61.bc.ca
Pay the \$150 camp fee using [School Cash online](#). If your name does not appear on
School Cash online email tkubicek@sd61.bc.ca

Confirm registration by going to the Oak Bay Cross Country team website
on the Team's page of the Oak Bay website. **All camp details are posted on the
website.**

Camp is limited to 60 runners. Priority is given to returning cross country team
members who participated fully in the previous fall season and to new incoming
grade 9 runners.

**Athletes who have previously attended the Oak Bay Cross Country Camp, and
Mystery Tour must have demonstrated commitment to team training
sessions and competitions to be eligible for the camp.**

In other words, our program offers a lot of fun stuff, but we expect our athletes,
regardless of ability, to follow through and commit to the entire team season. We
support multi-sport athletes and our runners doing other activities. But if you come
to camp, cross country needs to be one of those activities.

The coaching and kitchen staff are volunteers. Proceeds from the camp support Oak
Bay Secondary School cross country team activities.

Receipts for income tax purposes are not issued.

I have reviewed the information on this page with my son /
daughter. _____ (parent/guardian signature).

SCHOOL DISTRICT #61
CODE OF CONDUCT

Trip _____ Date _____

The following rules of conduct shall apply to all:

1. Act as good ambassadors, hence following Rules of Conduct.
2. When not with the group, each student must be in the company of at least two other students.
3. Students are expected to observe any curfew initiated during the trip.
4. Intoxicants in any form are not permitted at anytime.
5. Host families will be notified of any change of schedules.
6. Courtesy and respect will be afforded all persons encountered on trip including hosts and supervisors.
7. Any student who feels ill or encounters and problems must inform one of the chaperones immediately.
8. Any pre-existing medical conditions must be reported to the supervisor or one of the chaperones prior to trip departure.
9. Any accommodations used during the trip are to be kept clean and free from damage.
10. There will be no members of the opposite sex in sleeping quarters at any time.

We, the undersigned, understand that our son/daughter, _____
Is subject to the above-mentioned regulations governing the field trip and that
any violation of the regulations will result in some form of disciplinary action
upon return to School District #61.

Dated at Victoria, on this _____ day of _____

Understood and agreed to by _____
(Signature of Parent/Guardian)

(Signature of Student)

STUDENT OVERNIGHT ACCOMODATION FORM

To be completed by parent/guardian

School: _____

Student's Last Name: _____ First Name: _____

Parent's/Guardian's Name: _____

Telephone: _____ (H) _____ (W) _____ (C)

Emergency Contact:

Name (1): _____ Telephone: _____

Name (2): _____ Telephone: _____

MEDICAL INFORMATION

CARE Card Number: _____

Travel Insurance: _____

Coverage Number: _____

Passport/I.D. Number: _____

Medical Alert Information (allergies, dietary restrictions, medication, existing medical conditions) that you want the supervisors and/or billeting family to know about:

Permission is given to seek medical attention. Parent/guardian will be notified.

Signature of Parent/ Guardian _____

SCHOOL DISTRICT # 61 (GREATER VICTORIA)
CERTIFICATE OF PARENTAL AUTHORITY
FOR SPECIAL SCHOOL JOURNEYS

Destination of Journey

Dates of Journey

Name of School

Name of Teacher(s) in Charge

A special school journey is planned for the date(s) specified above. Although the journey will be supervised, the individual discretion of the student will be relied upon to a certain extent to maintain discipline and safety.

Details regarding the planned journey are attached to this form.

I give permission for my son, daughter, or student under my care, to participate in the special school journey identified above.

Name of Student

Signature of Parent or Guardian

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please provide the names of two people who may be contacted in the absence of the student's parents/guardians.

NAME OF ALTERNATE	ADDRESS	TELEPHONE(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____