



# Solomon Academy iCamps Programs Registration Form

<b>Date</b>
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3168 East 54th Avenue, Vancouver, BC V7S 1Z1 Tel.: 604-629-2018 or 604-629-1878  
 E-mail: [info@solomonacademy.org](mailto:info@solomonacademy.org) [www.solomonacademy.org/icamps](http://www.solomonacademy.org/icamps)

Student Last Name	Student First Name	Gender	Birthday (m/d/y)	Home Phone number	Student Cellphone
Parent Name	Parent Birthday (m/d/y)	Parent E-mail		Parent Daytime Phone	Parent Cellphone
Other Parent Name	Other Parent Birthday(m/d/y)	Other Parent E-mail		Other Daytime Phone	Other Cellphone
Home Mailing Street		City	Province	Country	Postal Code
Valid passport	yes	no	Country Issued	Passport No.	Expiry date(m/d/y)
USA VISA	yes	no	VISA No.	Expiry date(m/d/y)	US Custom fees paid \$6 <input type="checkbox"/>

Students will be picked up at Solomon Academy

**Return Bus Stop Release Instructions:**

Unless other arrangements are confirmed in writing, students not met by a parent or other adult known to the child, will remain with staff of Solomon Academy until the parent can be contacted.

Is there anyone your child should **NOT** be released to? \_\_\_\_\_

**For Office Use:**

Program No.	Program Name	Dates	Invoice#

I / We understand(s) all funds paid are non-refundable under any circumstances.

I / we agree that our child will follow all reasonable instructions and directions of the leaders duly appointed by Solomon Academy and any partners of Solomon Academy iCamps Outdoor Education in connection with the operation of Solomon Academy iCamps programs.

I/We agree to pay for all expenses to bring my/our child back to Solomon Academy if no entry to the USA is allowed for whatever reason.

I / we hereby release, remise and forever discharge Solomon Academy and partners, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by Solomon Academy and partners.

I / we authorize Solomon Academy to use any photographs or video taken of our child or family while participating in Solomon Academy iCamps programs for Solomon Academy brochures, promotional and fundraising materials, and website.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date