



# Cowichan Lake Community Services Society

P.O. Box 670, Lake Cowichan, B.C. V0R 2G0  
 • Phone: (250) 749-6822 • Fax: (250) 749-6839  
 • www.comserv.org • Email: [comserv@comserv.org](mailto:comserv@comserv.org)

## Sizzlin' Summer 2026 REGISTRATION

PERSONAL INFORMATION	
Child's Full Name:	
Age:	Date of Birth:
Parent Guardian #1:	Parent/Guardian #2:
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:
E-mail:	E-mail:

EMERGENCY CONTACTS & CHILD RELEASE		
Please list the Emergency Contacts and the people who are allowed to pick-up your child/children. Children are not allowed to leave with any other person without written authorization from a parent or guardian. This section MUST be completed.		
#1:	Ph. #:	Relationship:
#2:	Ph. #:	Relationship:
#3:	Ph. #:	Relationship:

If your child will be leaving the program each day on their own (i.e. walking, bike, etc.) please indicate below.

- My child will NOT be picked up from the program by a parent/guardian, or other adult, and has my consent to leave the premises on their own.

CHILD'S SWIMMING ABILITY			
Please indicate your child's swimming ability. <i>NOTE: This section is not applicable to some programs.</i>			
<input type="checkbox"/> Strong Swimmer	<input type="checkbox"/> Capable Swimmer	<input type="checkbox"/> Weak Swimmer	<input type="checkbox"/> Non-Swimmer
My child has completed swimming level:			
My child requires a life jacket: <input type="checkbox"/> Yes <input type="checkbox"/> No			



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## HEALTH & SPECIAL CONSIDERATIONS

What special consideration should we be aware of to better meet your child's needs? Check appropriate boxes.

<input type="checkbox"/> Hearing	<input type="checkbox"/> Visual	<input type="checkbox"/> Physical	<input type="checkbox"/> Asthma
<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Allergies	<input type="checkbox"/> Intellectual	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Health Conditions or Restrictions	<input type="checkbox"/> Learning	<input type="checkbox"/> Emotional	<input type="checkbox"/> Seizures
<input type="checkbox"/> Other:			
<input type="checkbox"/> Daily Medications:			

Please further explain any of the health &/and special considerations you noted above:

How can our staff better meet your child's needs during their time in our programs?

Does your child require an aid at school?  Yes  No

If yes, he/she will require an aid at the program. Please contact a staff member for further information.

## ICBC REQUIREMENTS

<input type="checkbox"/> My child weighs less than 40 pounds	<input type="checkbox"/> My child is younger than 9 years old	<input type="checkbox"/> My child is not yet 145 cm. tall (4'9")
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*If you have checked any box listed above you may need to provide a booster seat for your child on field trip days. For further information on Child Passenger Regulations please ask our staff or go to [www.icbc.com](http://www.icbc.com). Please check with staff to see if one is needed for our bus.*



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## CONSENT

Please INITIAL each box and sign below to indicate you UNDERSTAND and CONSENT TO the following:

<b>EMERGENCIES</b>	I CONSENT to a staff member of Cowichan Lake Community Services Society calling Emergency Services for my child in the case of an accident or illness if I cannot be immediately reached.	
<b>PHOTOS</b>	I give Cowichan Lake Community Services Society the right and permission to utilize photographs taken of my child during the program for promotional materials (posters, website, social media).	
<b>SWIMMING</b>	I give my permission for my child to participate in activities that involve swimming. That may include swimming in the lake, river, or in a pool. I understand that it is not responsibility to provide a lifejacket if my child requires one, and that my child may be denied entry into the water if I fail to do so.	
<b>OUTINGS/OFF-SITE ACTIVITIES</b>	I give my permission for my child to participate in outings or activities that occur off-site. I understand my child may ride a bus, vehicle, or walk to the planned destination. Please complete the ICBC Requirements section above.	
<b>ILLNESS</b>	I agree to keep my child at home or seek alternate care arrangements if my child is displaying any signs of illness.	

**By signing below, I agree:**

**I have read and understood all the information in *Consent* section above.**

**I release and hold harmless the Cowichan Lake Community Services Society, their officers, agents, and employees, including all staff and volunteers, from any liability for any injury or damage that my child or I may sustain connected with participation in program activities.**

Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_



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## PROGRAM SELECTION

Please indicate with an "X" which programs you would like to enroll your child/teen in. You will be notified at the time of registration if there is a wait-list for any of your program selections.

DATE	PROGRAM NAME	AGES	REQUESTED (please indicate with an "X")	COST/REGISTERED (office use ONLY)
Mondays, June 29 <sup>th</sup> – August 31 <sup>st</sup>	Early Years Play Group	0-5 years		<i>Drop-in/FREE</i>
Thursday, July 2 <sup>nd</sup>	Chemainus Kin Park	7-11 years		
Friday, July 3 <sup>rd</sup>	Minute To Win It	10-14 years		
Tuesday, July 7 <sup>th</sup>	Parksville	9-13 years		
Thursday, July 9 <sup>th</sup>	Yellow Point Farm	6-8 years		
Friday, July 10 <sup>th</sup>	Art Attack	9-13 years		
Monday, July 13 <sup>th</sup>	Wet 'n' Wild	6-8 years		
Tuesday, July 14 <sup>th</sup>	Arbutus Beach	9-13 years		
Thursday, July 16 <sup>th</sup>	Group Hike	10-14 years		
Thursdays, July 16 <sup>th</sup> – August 13 <sup>th</sup>	Kindersteps	4-5 years		<i>FREE</i>
Friday, July 17 <sup>th</sup>	Backyard Campout	10-14 years		
Tuesday, July 21 <sup>st</sup>	Arbutus Beach 2	6-8 years		
Thursday, July 23 <sup>rd</sup>	Transfer Beach	6-8 years		
Monday, July 27 <sup>th</sup>	Community Day	6-8 years		
Thursday, July 30 <sup>th</sup>	Olympics	9-13 years		
Friday, July 31 <sup>st</sup>	Art Attack 2	6-8 years		
Thursday, August 6 <sup>th</sup>	Wildplay	7-11 years		
Friday, August 7 <sup>th</sup>	Disc Golf Tournament	12-16 years		
Tuesday, August 11 <sup>th</sup>	Colour Chaos	7-11 years		
Thursday, August 13 <sup>th</sup>	Wildplay 2	12-16 years		
Friday, August 14 <sup>th</sup>	Movie Night	10-14 years		
Thursday, August 27 <sup>th</sup>	Board Game Café	10-14 years		
Tuesday, September 1 <sup>st</sup>	Relax & Recharge Day	7-11 years		
Wednesday, September 2 <sup>nd</sup>	Nature Explorers	6-8 years		
Thursday, September 3 <sup>rd</sup>	End of Summer BBQ	Everyone		<i>Drop-in/FREE</i>

## FEE TIER SELECTION

Please indicate with an "X" which tier best fits your current financial situation.

<input type="checkbox"/> <b>Tier 1:</b> Accessing a significantly reduced rate is necessary for our child to attend.	<input type="checkbox"/> <b>Tier 2:</b> We can pay a portion of the cost, but not the full amount.	<input type="checkbox"/> <b>Tier 3:</b> We can pay the full cost of the program.	<input type="checkbox"/> <b>Tier 4:</b> We can pay above the full cost to support other families. <i>(see below)</i>
<b>If you have selected Tier 4 and would like to contribute to our <i>Sizzlin' Summer Accessibility Fund</i>, please indicate the amount you wish to donate.</b>			<b>Amount: \$ _____</b>



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OFFICE USE ONLY	
SUBTOTAL	
ADJUSTMENTS	
TOTAL OWED	
<i>Payment Date:</i>	<i>Payment Method:</i>
<i>Staff Initials:</i>	