

# SOKS Summer Programs 2013

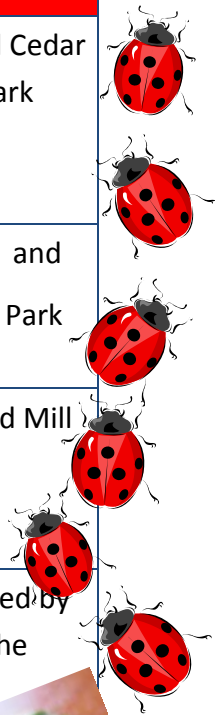


Building foundations for Ecoliteracy  
& Exploring EcoArt



Summer 2013 programs will be five days long , be based at the Waldorf School 429 Collette Road, Kelowna . Two days each week will be hiking and investigating in parks and outdoors . 4 weeks only

Code	Dates	Age	Times	Topics	Cost	Outdoor Days
WD 1	July 15 - 19	6-9	9AM—12 PM	Wet to Dry & Hot to Cold Thriving Ecosystems & survival	\$ 150	Woodhaven and Cedar Mountain Park
MMM2	July 22 -26	6-9	9AM—12 PM	Mini, micro and macro Wrangling wildlife of all sizes	\$ 150	Scenic Canyon and Myra Bellevue Park
CW 3	August 12-17	6-9	9AM—12 PM	Cycles galore and webs that Wind Us	\$150	Woodhaven and Mill Creek
WW 4	August 19-23	6-9	9AM—12 PM	Mini, micro and macro Wrangling wildlife of all sizes	\$ 150	To be determined by the weather at the time



**Book at** [www.soks.ca](http://www.soks.ca) starting June 8 **(250) 763 4427** or email us [staff1@soks.ca](mailto:staff1@soks.ca) .Fees accepted by cheque, etransfer or cash at the SOKS booth at the Farmers and Crafters market most Saturdays Come and see our ladybug display and activity center until the end of June .**Registration for this program will be starting June 6 Thursday** .Note parents will be required to drop off for alternate locations for field days ,maps to be provided



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**Thanks for support in 2013 of**

The province of British Columbia  
Canada Summer Jobs ,  
Bylands Nursery, AND  
The Okanagan Institute







## Summer Program Registration: Ecoliteracy

Please print and give signature

Full Name of Child: \_\_\_\_\_ M/F

Date of Birth: (MM/DD/YY) \_\_\_\_\_

Mother's/father's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Program attending: \_\_\_\_\_

Week attending: please highlight or circle

Starting July 15 July 22 Aug12 Aug 19

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

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



**Central Okanagan Science Opportunities for Kids Society  
Medical Report and Waiver Form**

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**Please return this form on the first day of the program or by email to sokstaff1@soks.ca**

For the health, safety and comfort of the participant, it is required that this form be filled out accurately.  
Please answer all questions in print except signatures

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Medical Number: \_\_\_\_\_

MEDICATION: If the applicant is under medication, please list below:

Generic Name	Dosage	Time given
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Is this person subject to allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please specify allergies: \_\_\_\_\_

Is this person epileptic? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please elaborate as to the type, frequency, and any factors likely to cause seizure and effectiveness of medication:

Is this person a diabetic? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please indicate any special diet: \_\_\_\_\_

Has this person received a tetanus immunization? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when? \_\_\_\_\_

Please list any precautions or physical limitation that may affect your child's enjoyment and learning, e.g., joint problems, previous injuries, etc. If you have any other information that may be of assistance to the instructor, we would appreciate if you would inform us.

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In case of emergency, please contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

In consideration of enrollment in the above program, I waive and release any and all my rights of claim for damages I may have or acquire against Central Okanagan Science Opportunities for Kids Society, the City of Kelowna, École de l'Anse-au-sable, Regional District of Central Okanagan or City of Kelowna Parks and their officers, agents, servants, employees, faculty and students as applicable for any and all injuries, infections, and sickness suffered by me and I acknowledge the rules laid down by this program governing its operation and that it remains the sole responsibility of the participant to act and govern himself/herself in such a manner as to be responsible for his/her own safety.

Name of Participant: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All entrants under the age of 19 must obtain a parent/guardians' consent in the space below:

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

CONSENT: I, \_\_\_\_\_, do hereby declare that I am the parent or legal guardian of the above participant, and hereby consent that he/she may be a participant in the above program.

Parent's/Guardian's Signature: \_\_\_\_\_



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**Central Okanagan Science Opportunities for Kids Society (SOKS)**  
199 Reynolds Road, Kelowna BC  
www.soks.ca, email: sokstaff1@soks.ca  
phone: (250) 763 4427

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Every child and their family will have a membership in SOKS once they have participated in any of our programs. There is not obligation but we need a few more incidentals that are important for the continued operation of SOKS and it programs, your child's safety and to respect your wishes . Please keep us **ON** or **OFF** the list (underline or circle your choice)

Parent Contact Email: \_\_\_\_\_

Is your child a returning camper ?    YES            NO

If so, how many years has your child attended SOKS camps?    \_\_\_\_\_

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### PICK-UP WAIVER

My child \_\_\_\_\_ (child's name) has permission to be signed out and taken home by \_\_\_\_\_ (alternate adult ) during the week of camp.

Print Parent's/Guardian's Name: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

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### MEDIA RELEASE WAIVER

I hereby give permission for myself/my child \_\_\_\_\_ to be photographed, video taped and audio-taped, which may be used to publicly promote programs by SOKS society.

Print Parent's Name: \_\_\_\_\_

No permission given.

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

Parent's Signature: \_\_\_\_\_

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“...delivering dynamic hands-on science and stewardship activities for youth and families in the Central Okanagan...”

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**Three options:**

Fill out on line if possible

**or**

Print, fill in, scan and deliver in person to the SOKS booth  
Saturday at Farmers and Crafters Market

**or**

By snail mail to

SOKS c/o J. French  
199 Reynolds Road,  
Kelowna BC V1V 2G7

**and**

4 Fees can be paid in cash, by check made out to soks and  
mailed with registration forms or by e transfer

We can send forms in docx if that format will help you. Please  
request by email