

Oak Bay Cross Country Camp 2025 Registration Forms
At Camp Barnard, Sooke, B.C. August 17th to 20th 2025

Student Name: _____ Grade you are entering : _____

Parent Name (s): _____

Student Email _____ Parent Email _____

Student Phone _____ Parent Phone: _____

of years I have attended XC Camp _____

Are you a vegetarian? Yes No

Any other dietary restrictions: _____

Prior to June 20th, 2025 drop off registration and cheque payable to Oak Bay High School **for \$250** care of Tessa Kubicek at Oak Bay High School. The cheque and forms can be left in Ms. Kubicek's drawer in the main office.

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 2024 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 all volunteers. Proceeds from the camp support Oak Bay Secondary School cross country team activities. We are hoping that all families can please sign up for one of the following volunteer roles to help with our camp kitchen (place an X below a role you can help with this summer):

Pre-shopping for camp smaller items	Full day of grocery shopping for Camp	Driving food and bins up to camp	Kitchen volunteer shift on August 17th	Kitchen volunteer shift on August 18th	Kitchen volunteer shift on August 19th	Kitchen clean up on August 20th

***We will be in touch closer to camp dates with more details around volunteer roles, this is just to help us ensure we have all kitchen related roles covered :)

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 any time.
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 any 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)

CROSS-COUNTRY RUNNING – CONSENT AND WAIVER FORM

Welcome to the 2025-26 School Cross-Country Season. While participating in a school club or team enriches the school year and benefits student health and wellness, there can be risks when participating in cross-country running. Unlike the controlled environment of a school gymnasium or even a running track, cross-country running takes place in parks and forested areas which inherently have some uncontrolled risk. Trails are marked and surveyed for possible risks before students access these areas. Please see further information below regarding potential risk and student expectations.

In addition to completing this consent and waiver form, parents/guardians and students will be required to complete School District Field Trip permission forms for off-site events. Although students will be supervised during cross-country events, the individual discretion of the student will be relied upon to follow all instructions from staff and event organizers. Every reasonable precaution will be taken to ensure the safety of students.

School Name: _____

In consideration of School District No. 61 offering my child, _____, an opportunity to participate in Cross-Country Running, I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Trustees of School District No. 61 and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever, including negligence.

_____ Initial

I hereby give my consent, and acknowledge by my signature that:

My child has no illnesses, allergies or needs that may require additional attention, except as described here:

_____ Initial

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with cross-country running, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to: Program locations

Encounters with animals and wildlife

Rugged terrain

Slips or falls and terrain hazards

Tree or rock falls

Weather (heat, cold, rain, hypothermia)

Injuries (cuts and bruises, strained or sprained joints, broken bones, spinal cord injuries, head trauma, etc.)

Delayed rescue, accessibility

Conduct of other competitors or group members

The possibility that your child may not heed safety instructions or restrictions given to the group Initial

I will supply suitable equipment and clothing for my child's participation in all activities associated with cross-country running practices and events, including:

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of the event or field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing. Initial

My child and I understand that the school's Code of Conduct applies during all cross country practices and events. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home. Initial

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child. Initial

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver. Initial

I have read and understand the terms of this consent and waiver. I give permission for my child/student under my care, to participate in the School Cross-Country Running Team and events.

Name of
Student Name of Parent/Guardian

Signature
Date Signature of Parent/Guardian