









## March Break Activities for Elementary Students

Registration form is on the subsequent pages, more info at 250-592-5323 ext. 31 or [info@thecastle.ca](mailto:info@thecastle.ca).



From March 12 - 23 Craigdarroch Castle will host weekday tours and activities for elementary students during March Break. Each class will feature a guided I-spy tour of the Castle, a Victorian-style craft activity, snack and indoor/outdoor games. **Mondays, Wednesdays and Fridays are for ages 8-11. Tuesdays and Thursdays are for students ages 5-7.** \$25 for 2.5 hours. (9:30 AM to noon.) Pre-registration and payment is required. Drop off starts at 9:20 and pickup is at noon.

We will also be offering craft classes for teens/young adults during March Break. See our whole calendar below:

| Sunday   | Monday  | Tuesday   | Wednesday  | Thursday   | Friday  | Saturday   |
|--|---|---|--|--|---|--|
| March 11<br>regular self-guided tours all day. | March 12<br>9:30 AM:<br>Tour & craft for ages 8-11 \$25<br><br>2:00 PM:<br>Silhouette Art for Teens<br>\$25 + materials   | March 13<br>9:30 AM:<br>Tour & craft for ages 5-7 \$25<br><br> | March 14<br>9:30 AM:<br>Tour & craft for ages 8-11 \$25<br><br>2:00 PM:<br>Intro to embroidery for Teens<br>\$25 + materials | March 15<br>9:30 AM:<br>Tour & craft for ages 5-7 \$25<br><br> | March 15<br>9:30 AM:<br>Tour & craft for ages 8-11 \$25<br><br>2:00 PM:<br>Intro to knitting for Teens<br>\$25          | March 17<br>10 AM - 1 PM<br>Découpage for teens \$50<br><br>    |
| March 18<br>regular self-guided tours all day. | March 19<br>9:30 AM:<br>Tour & craft for ages 8-11 \$25<br><br>2:00 PM:<br>Intro to crochet for Teens<br>\$25 + materials | March 20<br>9:30 AM:<br>Tour & craft for ages 5-7 \$25<br><br> | March 21<br>9:30 AM:<br>Tour & craft for ages 8-11 \$25<br><br>2:00 PM:<br>Stencil Art for Teens \$25 + materials            | March 22<br>9:30 AM:<br>Tour & craft for ages 5-7 \$25<br><br> | March 23<br>9:30 AM:<br>Tour & craft for ages 8-11 \$25<br><br>2:00 PM:<br>Teacups into Pincushions<br>\$25 + materials | March 24<br>10 AM - 1 PM<br>Scrapbooking for teens \$50<br><br> |



CRAIGDARROCH CASTLE SPRING BREAK PROGRAM 2012

"A Little Bit of History and a Whole Lot of Fun!"

## THIS REGISTRATION FORM IS FOR THE ELEMENTARY SCHOOL TOURS ONLY

BEFORE REGISTERING, PLEASE READ:

- Space is limited and prepayment is required.
- Refunds will not be given after 2 weeks prior to the start date of the program.
- Children will be participating in a variety of activities, so please dress them appropriately for participating in crafts, outdoor games (weather permitting) or in costumes as articulated in the program description.
- Please register your child for programs in the appropriate age bracket. (Tuesdays and Thursdays are for 5-7 year olds, and Monday, Wednesday and Fridays are for ages 8-11.)
- We will be serving some food products which contain sugar. Eg. Cookies & juice.
- Although we strive to avoid exposure to allergens, we encourage you to be aware of potential exposure. Eg. Wheat or dairy in the cookies, fruit in the juice, or environmental allergens (many of the items in the Castle are antiques and although unlikely, some children with allergy-triggered asthma could be affected.) Please let us know if your child has any allergies or health issues.
- Parents may not attend the program with their child. Please rest assured that we have a high number of professional staff and volunteers who will be leading each program.
- This program is not a day-care service. Parents are expected to drop off and pick up their children on-time. Ideally not more than 10 minutes before or after the program begins or ends.

For more information, contact: Elisabeth Hazell  
Manager, Operations and Development  
Craigdarroch Castle, 1050 Joan Crescent, Victoria BC V8S 3L5  
Phone: 250-592-5323 ~ Fax: 250-592-1099 ~ [ehazell@thecastle.ca](mailto:ehazell@thecastle.ca)

To register, please fill out the forms on the following pages and return with payment to:  
[info@thecastle.ca](mailto:info@thecastle.ca) ~ 1050 Joan Crescent, Victoria BC V8S 3L5 ~ Phone: 250-592-5323 ~ Fax: 250-592-1099

SECTION 1 ~ PROGRAM INFORMATION

Which Program are you registering for?

Mon. Mar 12 (Age 8-11) Tue. Mar 13 (Age 5-7) Wed. Mar 15 (Age 8-11) Thu. Mar 16 (Age 5-7) Fri. Mar 17 (Age 8-11)

Mon. Mar 19 (Age 8-11) Tue. Mar 20 (Age 5-7) Wed. Mar 21 (Age 8-11) Thu. Mar 22 (Age 5-7) Fri. Mar 23 (Age 8-11)

Total Cost: (# of classes x \$25) = \$\_\_\_\_\_

Paid by: Cash / Cheque / MC / Visa # \_\_\_\_\_ exp: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Children should arrive and be picked up on time, but not more than 10 minutes before or after the program. Space is limited and prepayment is required. Please fax, email or drop off these forms along with payment in advance to: info@thecastle.ca ~ 1050 Joan Crescent, Victoria BC V8S 3L5 ~ Phone: 250-592-5323 ~ Fax: 250-592-1099

SECTION 2 ~ CHILD INFORMATION

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

SECTION 3 ~ PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email Address for future mailings (Optional) \_\_\_\_\_

SECTION 5 ~ CHILD PICK-UP INFORMATION

I, the parent/guardian or the designate(s) listed below, will pick up my child at the program completion time.

Designated person(s) to pick up my child: \_\_\_\_\_

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

Are there any custodial issues we should be aware of ? \_\_\_\_\_

\_\_\_\_\_

DO NOT RELEASE: Please list those who under any circumstances are NOT ALLOWED to pick up your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SECTION 4 ~ EMERGENCY INFORMATION

Primary Contact for Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone for Emergency: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Province: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Extra Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate if your child has any health considerations that we should be aware of: eg. Asthma, Allergies, Etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be signed by Primary Emergency Contact: If I am not available, I authorize Craigdarroch Castle to secure the medical services deemed necessary for the well being of my son/daughter.

\_\_\_\_\_  
Signature of Emergency Contact

\_\_\_\_\_  
Date

SECTION 6 ~ LIABILITY WAIVER

Participation Agreement, Release, and Acknowledgement of Risk

In consideration of the services of Craigdarroch Castle, their directors, officers, managers, employees, volunteers, and all other persons or entities acting in any capacity on their behalf (herein after referred to as Craigdarroch Castle), I hereby agree to release and discharge Craigdarroch Castle, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand that program activities include use of the historic facilities at the Castle, as well as the neighbouring offices at 1044 Joan Crescent, and may involve field trips around the neighbourhood.

I acknowledge that any activity organize by Craigdarroch Castle's program may entail known and unanticipated risks that could result in serious physical or emotional injury, such as, but not limited to, paralysis, death, or damage to participants, to property, or to third parties. I understand that such risks simply cannot be fully eliminated without jeopardizing the essential qualities of the activity.

On behalf of my child:

I expressly agree and promise to accept and assume all of the risks existing in these activities. Participation in these activities is voluntary. I elect to have my child participate with full understanding of the risks.

I certify that my child has no medical or physical conditions, other than as outlined in Section 5 - Health & Special Considerations, which could interfere with their safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created either directly or indirectly through participation in these activities.

I understand that care and attention will be given to the safety of all participants but that Craigdarroch Castle cannot be held liable for any injury or loss.

I understand that Craigdarroch Castle reserves the right to remove a participant from the program if the instructors deem it necessary to ensure the safety and well being of other participants.

I have had sufficient opportunity to read this entire document. By signing below I acknowledge that I have read, understood and accept the above waiver of liability.

I agree to indemnify and hold harmless Craigdarroch Castle from any and all Claims which are brought by, or on behalf of my child which are in any way connected with such use or participation.

I, the undersigned parent/guardian, give permission for my child.

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Signature of Parent / Guardian

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Date

I understand that photographs of my child may be taken to be used for publicity purposes connected with the promotion of Craigdarroch Castle. Parent/Guardian Initials: \_\_\_\_\_

Yes! Let me know about upcoming events and discounts. Email: \_\_\_\_\_