

# Summer Camp 2017 Registration Form


Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female/Other \_\_\_\_\_

Address \_\_\_\_\_ Attending School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Mandatory Emergency Contact** in case the above Guardian is unreachable   
*(i.e. not the above guardian)*

**Name** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_


Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Custody arrangements** –Any arrangements we need to be aware of for arrival/departure?  
 \_\_\_\_\_

**Food Allergies** – NO [  ] YES [  ] (please list on other side)

**Please check!**  
 If this person is the same as the above Parent/Guardian, please reread the instructions

**Important:**

- cash payments or online transfer only, we cannot accept cheques 
- payment plan options available, please ask
- refunds not available

**Schedule of Program:**

Day of the Week / Location	Cost*	Payment														
<b>Location TBD</b> <b>8:30am-4:00pm</b>	<b>\$110/week</b>	Total: _____ Payments:														
W. 1- July10-14 (adventure week) [ <input type="checkbox"/> ] W. 2- July 17-21 (one world) [ <input type="checkbox"/> ] W. 3- July 24-28 (time travellers) [ <input type="checkbox"/> ] W. 4- July 31-Aug4 (island tales) [ <input type="checkbox"/> ] W. 5- Aug. 8-11 (quests) [ <input type="checkbox"/> ] (no program on Monday) W. 6- Aug. 14-18 (anything goes) [ <input type="checkbox"/> ]	*spots are only saved with a \$20 deposit per child, per week *payments must be made by June 2 or spots will be lost	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Date</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Date	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date	Amount															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
_____	_____															

Registration Notes:

\_\_\_\_\_

\_\_\_\_\_

# North Riverside Neighbourhood Group



## Authorization and Release

→ As part of our goal to communicate with parents about the awesomeness of summer camp, we post picture updates on our social media pages (instagram, facebook, website) so you can see what happens at camp during your child's week here. Dependent on interest, we also try to make a CD with all the memories of Summer 2017 on it. Please indicate below whether you give your consent for your child's picture being taken and used for these projects.

Yes \_\_\_\_\_ No \_\_\_\_\_

→ My child has permission to go on local offsite trips within walking distance of camp during group activities with staff supervision. (Riverside park, scavenger hunts, etc.) (parents will receive this info the week of camp as well.)

Yes \_\_\_\_\_ No \_\_\_\_\_

→ My child has permission to walk home alone.

Yes \_\_\_\_\_ No \_\_\_\_\_

## Important Information

→ **Medical Background** (allergies, asthma, medical conditions, treatment, precautions etc):

→ **Medication required at program:** \_\_\_\_\_ Reason for use: \_\_\_\_\_

**Specific Instructions:** \_\_\_\_\_

→ **Behaviour/Communication** (*any strategies or methods that would help your child best enjoy their camp experience. This includes mention of any gifted-ness, special needs, diagnosis, etc.*)

→ **Additional info for staff:**

- **I understand I need to pay with cash or online transfer by June 2, 2016 or my spot will be forfeited**
- **I understand spots can only be held with a minimum deposit of \$20 per child, per spot**
- **I understand that payment plans are available so my child can be at camp**
- I understand that the North Riverside Neighbourhood Group Staff reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the program.
- To the best of my knowledge my child is in good health. If there is any exposure to any infectious disease and/or change in my child's condition prior to attending program, I will notify the office staff immediately.
- I agree to indemnify (insure against loss) the North Riverside Neighbourhood Group, The Neighbourhood Support Coalition and their agents, employees, members, directors and officers for any kind of liability, howsoever incurred or caused during the stay of the members listed below on or off site. I further agree and understand that the North Riverside Neighbourhood Group, The Neighbourhood Support Coalition and their agents, employees, members, directors and officers shall not be responsible or liable for: any loss or damage of any kind to the property whatsoever however caused; and any injury to any person however caused.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date