



Summer Day Camp Registration Form 2009

Administration Fee (non refundable and good for entire year) \$25.00 - Paid ____

Child's Name (first):	(last):	Age:
Date of Birth:	Sex: Male() Female()	Home #:
Address(street):	(City)	Postal Code:
Health Card #:	Family Doctor:	Phone #:

Has the participant been involved in programs with the Boys and Girls Club of Spryfield before? Yes____ No____

Year _____ Program/s _____.

How will the child arrive and depart from the camps: _____.

TERMS OF AGREEMENT (VERY IMPORTANT/PLEASE READ)

- Payments for Camps are due the week prior to the child's attendance. Any fees not paid in advance will be marked as a cancellation.
- Fees are not returned for missed days or suspensions.
- Anyone owing an outstanding balance will not be permitted to attend camps or special events.
- No child is permitted to bring any valuables. **WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN BELONGINGS.**
- **IF YOU ARE LATE PICKING UP YOUR CHILD (unless pre-arranged with Staff) THERE WILL BE A \$10.00 CHARGE DUE FOR EVERY 15MINUTES THAT YOU ARE LATE AND IS DUE UPON PICK UP OF CHILD.**
- Please inform us if your child will not be attending on any specific day.

I have read and understand the terms above. I agree to abide by these terms.

Signature of Parent/Guardian: _____ Date: _____

Please check off the weeks for which you would like to register your child:

	Week 1 - \$100.00	July 6 - July 10
	Week 2 - \$100.00	July 13 - July 17
	Week 3 - \$100.00	July 20 - July 24
	Week 4 - \$100.00	July 27 - July 31
	Week 5 - \$80.00	August 4 - August 7
	Week 6 - \$100.00	August 10 - August 14
	Week 7 - \$100.00	August 17 - August 21
	Week 8 - \$100.00	August 24 - August 28

Mother/Step Mother/Guardian		Father/ Step Father/Guardian		Other Emergency Contact
Name:		Name:		Name:
Employer:		Employer:		Phone #:
Work #:	Cell#	Work #:	Cell#	Relationship:
E mail:		E mail:		E mail:

Pick-Up Arrangements

Is the Participant permitted to walk home at the end of the program each day? Yes ___ No ___

Name:	Relationship to Participant:
Home #: Work #:	Extension #: Cell #:
Name:	Relationship to Participant:
Home #: Work #:	Extension #: Cell #:
Name:	Relationship to Participant:
Home #: Work #:	Extension #: Cell #:

Medication/Allergies

Does the participant require medication? Yes ___ No ___ if yes, please explain: _____

Do you require medication to be administered or stored by staff during the program? Yes ___ No ___

Does the participant have any allergies? (Food/drug/environmental, etc.) Yes ___ No ___

If yes, please indicate each and the treatment required: _____

Does the participant have a life-threatening allergy? (Anaphylaxis) Yes ___ No ___

Does the treatment for this allergy involve the use of an epi-pen? Yes ___ No ___

Does your child have medical, disability or emotional concerns that we should know about, i.e. ADHD, emotional outbursts or other where attention or support may be required? Please give details or explanation on another sheet:

If the program requires Boys and Girls Club staff to administer or store medication (prescription or non-prescription) to remain in attendance, obtain the necessary medical forms from the Office Assistant. These forms need to be filled out by a parent/guardian and family doctor and returned to the Club prior to the start of the participant's program.

Activities

I give my consent for the Boys and Girls Club of Spryfield to include my child in the following activities.

Photo/Video/Voice Recordings	Painting	Recreational Sports Indoor/Outdoor
Swimming	Face Painting	Field Trips
Walking Trails	Clay	Bus Trips

Not permitted to do: (list activities)

Signature of Parent / Guardian

Date

RELEASE, WAIVER AND INDEMNITY

In consideration of my being permitted to participate in the Boys and Girls Club of Spryfield activities I , on behalf of myself, my heirs, executors, administrators, successors and assigns waive, release and forever discharge any and all claims that I may have against the Boys and Girls Club of Spryfield, their officers, directors, employees, members, volunteers, agents or sponsors, or any one of more of them or their executors, administrators, heirs, next-of-kin, successors or assigns (the Releases’), including any and all claim for costs and expenses and demands in respect of death, injury, loss or damage occurring during the activities to my person or property, howsoever caused, including ay and all complaints for damage caused by negligence of any of them arising out of the related activities.

I here indemnify and hold harmless the Releases’ and each of them against any such claim that I , my executors, administrators, heirs, next-of-kin, successors or assigns may have or assert and against any and all costs with respect thereto.

By submitting this form, I acknowledge having thoroughly read this membership form, I also understood and agreed to the above waiver, release and indemnity.

Signature of Parent / Guardian

Date

Note: If there is anything else you would like to tell us about your child please attach on a separate sheet. (i.e. custodial issues, guardianship, special needs, behavioral issues, etc.)