

O·W·L Youth Camps REGISTRATION FORM Family Week 2020

Location: 206 Barry Rd. Queensborough Ontario K0K 2K0

Early Bird Registration deadline (\$50 discount):

March 31, 2020

FINAL DEADLINE TO SUBMIT:

April 30, 2020

Submit this completed packet with payment to:
155 Broadview Ave, Toronto, ON, M4M 2E9, Attn: **Accounting**

Email: youthcamps@stmarysrefuge.org
Communications: Sindu



St. John the Compassionate Mission
www.stjohnsmmission.org

A collaboration
with:



St. Mary of Egypt Refuge
www.stmarysrefuge.org

1. Deadlines, Fees and Subsidies

- Registration Deadline: **30 April 2020**
- Early-Bird Registration Deadline (\$50 discount): **31 March 2020**
- Registration Package Required Elements:
 - Completed and Signed Registration Form (5 pages)
 - Fee (see below)

Camp Session for families

Date: July 19 -25

Fee: _____

- **Subsidies:** If you are requesting a subsidy, please indicate here.
I am requesting a subsidy. I am including with the Registration Form the following amount:
\$____. I understand that my registration is not final until this subsidy has been approved.
_____ (Signature)
- My payment method (check one):
 - Cheque (made out to St. Mary of Egypt Refuge)
 - Cash (please do not send cash in the mail)
 - Money Order
 - Credit Card (please submit number by telephone)

1. Personal information (parents(s) / Guardian(s))

A. First _____ Middle _____ Last _____

Gender: Male ___ Female___ Birth date ____/____/____ Age (as of June 30, 2020) _____

Street Address _____

City _____ Province _____ Postal Code _____

B. _____

Gender: Male ___ Female___ Birth date ____/____/____ Age (as of June 30, 2020) _____

Street Address (If different from the above one) _____

City _____ Province _____ Postal Code _____

2. Child's Personal information (if more room is required, please use separate sheet)

A. First _____ Middle _____ Last _____

Gender: Male __ Female__ Birth date ____/____/____ Age (as of June 30, 2020) _____

Street Address _____

City _____ Province _____ Postal Code _____

B. First _____ Middle _____ Last _____

Gender: Male __ Female__ Birth date ____/____/____ Age (as of June 30, 2020) _____

Street Address _____

City _____ Province _____ Postal Code _____

3. Emergency Contact Information

Emergency Contact

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relation _____

4. Medical Release Information

Primary Physician _____

Address _____

Phone _____ OHIP #: _____ (Photocopy attached)

<u>Name</u>	<u>Medical Problem</u>	<u>Required treatment</u>	<u>Additional Comment</u>
_____	_____	_____	_____

Special Concerns: (Attending speech sessions, tubes in ears, fear of loud noises – you may be asked to complete a separate form)

Are Immunizations up to date? Yes__ No__

Do you have allergies? Yes__ No__ If yes, explain:_____

Are there any dietary restrictions? (Physicians note required)
Yes__ No__ If yes, explain:_____

5. **ADDITIONAL CAMPER INFORMATION: STRICTLY CONFIDENTIAL** and will only be shared with the staff that will be working with your camper and other necessary personnel (Camp Supervisor, Nurse, Cook, etc.) as appropriate.

- Are there any concerns we should know to help you in your stay?

6. **SWIMMING LIABILITY**

Camper **CANNOT** Swim | Beginner | Intermediate | Expert
I give permission for the camp to administer swim lessons, Yes No

7. **TRANSPORTATION**

We do not provide transportation for our campers, nor arrange drop offs/ pick-ups or carpooling services. All transportation to and from camp is the responsibility of the campers

8. RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK

Terms of Agreement:

I hereby give permission for me to be photographed and filmed during the **O·W·L Youth Camp**. I understand photos and videos may be shared on social media, flyers, brochures, newspaper and on the internet. I understand that although my photograph may be used, my identity will not be disclosed.

Initials _____

O·W·L Youth Camps is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a person is unable to participate due to an accident or illness per physician orders.

Initials _____

In case of an emergency, and if a family physician cannot be reached, I hereby authorize to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I understand that if I have not supplied my OHIP information to O·W·L Youth Camps I am responsible for all medical expenses incurred.

Initials _____

I understand that activities that may present a danger will be taking place during the course of the summer camp program. I further agree to release and indemnify **O·W·L Youth Camps**, their agents, officers, employees, and volunteers, from all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the camper and the costs of medical services.

Initials _____

I hereby release and discharge O·W·L Youth Camps, its agents, employees, contractors, officers and directors from all claims, demands, actions, judgments and executions the undersigned may have against O.W.L. Camps for all personal injuries, known or unknown, and injuries to property, personal or real, caused by or arising out of the removal and transportation of me from O·W·L Youth Camps as set forth above.

Initials _____

Signature:
Parent 1 _____

Date: _____

Printed Name: _____

Signature:
Parent 2 _____

Date _____

Printed Name: _____

Camp Supervisor Signature: _____

Initials _____