

REGISTRATION FORM

LIFfers

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.stjohnsmission.org

A collaboration
with:



St. Mary of Egypt Refuge
www.stmarysrefuge.org

1. 1. Deadlines, Fees and Subsidies

If you have been invited to register for Leadership-in-Formation week, please complete this Registration Form.

Deadlines and Costs

- Early Bird Registration deadline (\$50 discount): **March 31, 2020**
- Registration Deadline: **April 30, 2020**
- Registration Package Required Elements (by invitation only):
 - Completed and Signed Registration Form (5 pages)
 - Fee (see below).
- Camp Session for LIFfers: 2 - 4 July. Ages: 16 & 17 years.
- Fee: \$100. Please note this fee helps cover the cost of training courses and certifications.
- **Subsidies:** If you are requesting a subsidy, please indicate here.

Drop off: 4pm -4:30pm
Pick up: 11:30am – 12pm

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 (payable 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. Child's Personal information

First _____ Middle _____ Last _____

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

Street Address _____

City _____ Province _____ Postal Code _____

2. Parent/Guardian - Contact Information

Parent/Guardian

First _____ Last _____

Street Address _____ City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell phone _____

E-mail _____

Initials _____

3. Emergency Contact Information – Alternate Pickup/Release

Emergency Contact

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

4. Medical Release Information

Primary Physician _____

Address _____

Phone _____ OHIP #: _____ (Photocopy attached)

Please list any medical problems, including any requiring maintenance medication (eg. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Additional Comments</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__

Does your child have allergies? Yes__ No__ If yes, explain: _____

Does your child require a special diet? (you may be asked to provide medical prescription)

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 fears, worries, or concerns that your child has about the Camp (shyness, afraid of the dark, thunder, etc.)?

- Are there any circumstances in your child's life that would be helpful for us to be aware of (i.e. death of

Initials _____

friend or family, divorce, family trauma, etc.)?

Please provide any relevant details:

- My camper is under the legal custodial care of:

Both Parents | Mother Only | Father Only | Other: _____

Please note that if any restrictions regarding parental access are to be observed by the Camp, we must be notified via court order, addressed specifically to O·W·L Camps. Please provide all relevant details:

- Has the Camper ever been away to an overnight camp before? Yes | No
- Has the Camper ever been away from home for more than 2 consecutive days? Yes | No
- Sleep Habits: Sleep Walks | Wets Bed | needs nightlights Other: _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Camp should be made aware:

6. CAMPERS 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 parent or guardian.

Who will be dropping your child off to the camp on the arrival date?

NAME: _____ RELATIONSHIP: _____

Who will be picking up your child on the departure date?

NAME: _____ RELATIONSHIP: _____

WHEN PICKING UP YOUR CHILD, PLEASE BE PREPARED WITH PHOTO I.D.

No camper will be allowed to leave **O·W·L Camps** with anyone other than his/her parent/guardian without advance written permission from parent/guardian.

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

Terms of Agreement:

I hereby give permission for my child to be photographed during the **O·W·L Summer Camp**. I understand photos may be shared on social media, flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used, his or her identity will not be disclosed.

Parent's/Guardian's 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 child is unable to participate due to an accident or illness per physician orders.

Parent's/Guardian's Initials _____

I understand that a late charge of \$1.00 per minute will be charged for children dropped off and picked up after the scheduled time. If **O·W·L Youth Camps** informs me my child must be sent home before the end of camp, I am responsible for picking my child. (I understand such a decision will be taken responsibly)

Parent's/Guardian's Initials _____

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

Parent's/Guardian's Initials _____

I understand that activities that may present a danger will be taking place during the course of the summer camp program. We 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.

Parent's/Guardian's Initials _____

I hereby grant permission to **O·W·L Youth Camps** at its sole discretion to place my child on a public carrier, (i.e. train or bus) or private automobile for the purpose of transporting him/her to locations for all **O·W·L Camp's** program needs and events, if applicable.

Parent's/Guardian's 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 my child from **O·W·L Youth Camps** as set forth above.

Parent's/Guardian's Initials _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Camp Supervisor Signature: _____



613 473 2679

youthcamps@stmarysrefuge.org

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Initials_____