

COMMUNITY CENTRE 55
March Break Camp Registration 2012

CHILD

Last Name: _____
Given Name(s): _____
Called By: _____
Address: _____

Postal Code: _____
Home Phone: _____
Date Of Birth: _____
(M/D/Y)

CHILD'S MEDICAL INFO

Health Card #(Optional): _____
Doctor's Name: _____
Doctor's Number: _____
Doctor's Address: _____

Custodial Parent #1 (Person completing this form)

Last Name: _____
Given Names(s): _____
Address: _____
Postal Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Work Address: _____
Postal Code: _____
E-mail: _____

Custodial Parent #2

Last Name: _____
Given Names(s): _____
Address: _____
Postal Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Work Address: _____
Postal Code: _____
E-mail: _____

Additional Access Parent (if applicable)

Last Name: _____
Given Names(s): _____
Address: _____
Postal Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

**IN CASE OF EMERGENCY
(OTHER THAN PARENT)**

Last Name: _____
Given Name(s): _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____



OFFICE USE ONLY:

Date Received: _____

Age: _____

Deposit: _____ Receipt #: _____

Balance: _____ Receipt #: _____

WAIVER, RELEASE, FIELD TRIPS & INDEMNIFICATION

In consideration of my child being permitted to participate in Community Centre 55's Programmes as a participant, I, myself, my heirs, my executors, my administrators, my successors and assigns do hereby remise, release and forever discharge, waive and save harmless, and agree to protect and indemnify the Corporation of the City of Toronto and all wholly owned or financially controlled organizations, firms, or corporations of which the name insured(s) has assumed or exercised management control on all now existing, which may hereafter exist or have existed, from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death or of any injury, loss or damage, to my person or property however caused, arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the Community Centre 55 Programmes whether as a spectator, participant or otherwise and notwithstanding that the same may have been caused or contributed to by the negligence of any of the aforesaid, their servants, agents, officials or representatives.

Personal information will be collected for or by Community Centre 55 and will be used in the administration of Community Centre 55 Membership. Questions about the collection of information may be directed to Evonne Hossack, 416-691-1113, Ext. 222.

Signature: _____

I, hereby permit Community Centre 55 the irrevocable right to use, as they see fit, for publicity, advertising or related purposes, my child's name, voice or physical appearance or any comments of my child's concerning Community Centre 55 Programmes.

() Yes () No **Parent/Guardian Initial:** _____

In the event that your child requires medical attention, Community Centre 55 will call 911 to arrange emergency medical assistance. Your child may be transported to a medical facility at which time Centre 55 will contact the custodial parents and emergency contacts, if necessary. Custodial parents are responsible to pay for any charges incurred for transporting their child. I.e: taxi, ambulance. Community Centre 55 staff will stay with the camp to ensure the safety and supervision of the remaining children.

Parent/Guardian Initial: _____

I, hereby permit my child to participate, under supervision, in all trips organized by Community Centre 55 March Break Camp Programme unless enrollment is terminated by me by express notice in writing to the Programme Director.

Parent/Guardian Initial: _____

Signing In and Out

All children must be signed in and out on a daily basis by initialing the attendance clipboard, including the time of drop off and pick up. Please Note: Children can be signed in and out by designated caregivers who are 16 yrs of age or older only.

Please inform the Centre in writing of alternate pick up arrangements. A child will not be released to an unfamiliar adult without written notice from a parent or guardian. The person picking up needs photo I.D.

I understand that I am responsible for ensuring an alternate drop off or pick up person is fully aware of the sign in and sign out procedures.

All children should be picked up from March Break Camp no later than 6:00 p.m.

I understand that I must notify the Centre if my child(ren) will be absent.

Parent/Guardian Initial: _____

I understand that Community Centre 55 is not responsible for lost, stolen or damaged property belonging to me or my child. I further understand that Community Centre 55 does not allow campers to bring cell phones, game boys, toys, dolls, iPods, and electronic equipment of any kind to camp.

Parent/Guardian Initial: _____

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE, AND AGREE TO ALL TERMS AND CONDITIONS.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

HEALTH INFORMATION FORM

Are there any concerns that we should be aware of so that we may assist your child in the enjoyment of our programme?

Are there any medical conditions?

Yes _____ No _____ If yes, please be specific: _____

Is your child on medication?

Yes _____ No _____ If yes, please be specific: _____

Are there any psychological, social or behavioural issues?

Yes _____ No _____ If yes, please be specific: _____

Are there any physical issues?

Yes _____ No _____ If yes, please be specific: _____

Does your child have a seizure disorder?

Yes _____ No _____ If yes, please describe any pre-seizure signs and/or symptoms: _____

Does your child suffer from motion illness?

Yes _____ No _____ If yes, where: _____

Can your child swim?

Yes _____ No _____ Level: _____

Does your child have any phobias?

Yes _____ No _____ If yes, please be specific: _____

ALLERGIES

Does your child have an allergy to any of the following?

- | | | | | |
|----------------------------------|--------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> peanuts | <input type="checkbox"/> dogs | <input type="checkbox"/> dust | <input type="checkbox"/> chlorine | |
| <input type="checkbox"/> bees | <input type="checkbox"/> trees | <input type="checkbox"/> paba | <input type="checkbox"/> mold | <input type="checkbox"/> other |
| <input type="checkbox"/> cats | <input type="checkbox"/> grass | <input type="checkbox"/> latex | <input type="checkbox"/> milk | |

If other, please be specific: _____

I AGREE TO KEEP ALL HEALTH INFORMATION CURRENT WHILE MY CHILD ATTENDS COMMUNITY CENTRE 55'S MARCH BREAK CAMP. I UNDERSTAND THAT ANY CHANGES WITH REGARD TO MY CHILDS HEALTH, MEDICATIONS, ETC. WILL BE ADVISED IN WRITING TO THE PROGRAMME DIRECTOR.

PARENT/GUARDIAN SIGNATURE: _____