



2014-2015 HOLIDAY CAMP REGISTRATION FORM

OFFICE USE ONLY

Date received _____
Verified by _____

Camper's Name _____ M F

Address

Number Street Apt. #

City Postal Code

Date of Birth _____ Age at Camp _____

Health Card No. _____ Membership No. _____

Contact Name _____ Phone _____ / _____

parent / guardian day evening

Email _____

MEDICAL INFORMATION

EMERGENCY CONTACT

1) above mentioned name and number

2) _____ / _____

Name Telephone - day Telephone - evening

DISABILITY? Yes No If yes, please specify: _____

Are there any concerns (physical/social etc.) of which we should be aware in order that we may assist in your camper's adjustment in the camp? Yes No

If yes, please specify: _____

ALLERGIES? (food, drug, other) _____

MEDICATION? Yes No If yes, please specify _____

Will this be administered during camp? Yes No Time/Dose: _____

Please Note: To ensure that all campers actively participate in and enjoy our camps, youngsters in any of the following groups must be accompanied by an attendant, support person, or caregiver provided by the family or organization:

- Medically Fragile - g-tubes, tracheotomy-tubes, requiring suctioning
- Physically unable to feed, transfer, and/or perform personal hygiene
- Unable to participate in group activities because of behavioural problems
- Physically or verbally aggressive.

Parent/guardian will be contacted for possible registration withdrawal if it is deemed that the youngster/caregiver arrangement is not working to the benefit, enjoyment or safety of the camper.

We hope that everyone can get involved for another exciting year of Camp programs (KDD, Christmas, March Break and Summer). We would be pleased to discuss your questions or concerns.

Please check the days your child will attend in the appropriate category.	Dec. 22/14	Dec. 23/14	Dec. 29/14	Jan. 30/14	Jan. 2/14	Camp Total (Days X Cost)
Member \$55						
Non-Member \$65						

EXTENDED HOURS

Camps will be run from 9am to 4pm with extended hours offered from 8am to 9am and from 4pm to 5pm. Extended time is charged at \$8 per day. Check the appropriate box(es) below if you will require this service.

AM (8-9 a.m.)						
PM (4-5 p.m.)						

*** PLEASE SEE CAMP SECTION ON WEBSITE FOR CANCELLATION POLICY WWW.VARIETYVILLAGE.CA**

TOTAL FEE ENCLOSED \$ _____ (G. S.T. Included where applicable)

Payment Method Cash Cheque (*cheques payable to Variety Village*)

Credit Card VISA Master Card AMEX

Credit Card # _____ **CV Code** _____ **Expiry Date:** _____ / _____

Card Holder Name (Please Print)

Card Holder Signature

CONSENT AND WAIVER

While my child attends **Variety Village Camps**, I assume all responsibility for any injury, loss or damage which he/she might suffer in connection with their participation in camp programs. In addition, I, for myself, my child, any of my personal representatives, heirs, or successors, release and discharge Variety Village and Variety - The Children's Charity from any and all claims and causes of action I may ever have in connection with the above event, and waive all my rights thereto. I also grant the organisers 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 the event. I acknowledge having read and understood the above and agree to each term.

Parent / Guardian Signature

Date

PHOTO RELEASE (Optional)

I hereby give Variety—The Children's Charity and Variety Village the right and permission to publish/broadcast, without charge, photographs/images/ videos taken of the above listed participant during his or her participation in the program/activity. These photographs/images/videos may be used in publication, including electronic publications during TV broadcast or in audiovisual presentations, promotional literature, advertising or in other similar ways.

Parent / Guardian Signature

Date