



PART A: CAMPER INFORMATION

Camper First Name	Last Name	Birth Date D/M/YY	Age	Gender
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Camper resides with

Health Card Number

PART B: FAMILY/GUARDIAN INFORMATION

Home Phone	Email
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Parent 1 First Name	Last Name	Cell Phone	Business Phone
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Parent 2 First Name	Last Name	Cell Phone	Business Phone
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Family Address	Apt/Unit	City/town	Postal Code
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Family Income ☐ \$20,000 or less ☐ \$20,001-30,000 ☐ 30,001-40,000 ☐ \$40,001-\$50,000 ☐ \$50,001-\$60,000 ☐ \$60,000 or greater

PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Family Guardian will be allowed to pick up camper

1	First Name	Last Name	Cell Phone	Business Phone	Relationship to Camper
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2	First Name	Last Name	Cell Phone	Business Phone	Relationship to Camper
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PART D: FEES

PART E: REGISTRATION

Session	Dates	Your cost	AM Care	PM Care	Total
1 <input type="checkbox"/>	July 2-5(4 days)	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
2 <input type="checkbox"/>	July 8-12	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
3 <input type="checkbox"/>	July 15-19	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
4 <input type="checkbox"/>	July 22-26	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
5 <input type="checkbox"/>	July 29-Aug 2	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
6 <input type="checkbox"/>	August 6-9 (4 day)	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
7 <input type="checkbox"/>	Aug 12-16	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$
8 <input type="checkbox"/>	Aug 19-23	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$

T-shirt size (please circle) **Youth** S (5-6) M(7-8) L (10-12) XL (14-16) **Adult** S M L XL Camper Shirt \$5 X _____ \$

Membership Fee \$5.00

Total \$

Please see reverse



WAIVERS, DISCLAIMERS & CONSENT

Medical

Does Camper have special needs, medical conditions or allergies you would like us to know about: ☐ YES ☐ NO

If yes, please list below (specify if your child carries an epi-pen-please ask for a medical form if your child requires daily medication or has severe allergies)

Sunscreen (please see parent guide for further information)

☐ My child is unable to properly apply sunscreen to himself/herself. My child will need the assistance of an adult to apply his/her sunscreen.

☐ My child is able to apply sunscreen himself/herself

Authorization for Field Trips

☐ I give permission for my child to leave the premises of the Toronto Kiwanis Boys and Girls Clubs to participate in trips. I give permission to the staff of the Toronto Kiwanis Boys and Girls Clubs to take my child to all scheduled trip locations for the 2013 Day Camp program. I give the staff permission to take my child on trips to local parks, playgrounds and swimming pools. I agree that my child may be transported to trip sites by School Bus, Public Transit or by walking. I understand that my child will be escorted and supervised by the staff of The Toronto Kiwanis Boys and Girls Clubs while participating in these activities

Authorization & Consent for Children Walking Home

☐ I give permission to have my child walk home by him/herself (if 10+ years of age)

☐ I give permission for my child to walk home with _____ friend or sibling must be older than 12)

Photography, Media Release & Waivers:

☐ I hereby give Toronto Kiwanis Boys & Girls Clubs (TKBGC) and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to TKBGC, Boys & Girls Clubs of Canada, its member clubs and/or external partners. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Boys and Girls Clubs of Canada, its member Clubs, and/or external partners. I release Boys and Girls Clubs of Canada and its agents from any and all claims, of any nature, based on any uses of the above.

☐ I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the Toronto Kiwanis Boys and Girls Clubs, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the Toronto Kiwanis Boys and Girls Clubs, the sponsors of said programs, or any of the Toronto Kiwanis Boys and Girls Clubs representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the Toronto Kiwanis Boys and Girls Clubs. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Voting Member

You are entitled to become a voting member of our organization when your child becomes a member. You may vote at our Annual General Meetings that take place in June. By checking the box below, you are indicating you would like to be a voting member.

☐ I would like to be a voting member of TKBGC ☐ No thank you

Code of Conduct (please see parent guide for details)

☐ I have read the code of conduct and have reviewed them with my child

Parent/Guardian Signature

Date