

Parent/Guardian Contact Information:

Name: _____ Address: _____

City: _____ Postal Code: _____ Email: _____ @ _____

Telephone - Home: _____ Cell: _____ Work: _____ Ext _____

Emergency Contact Information

Name: _____ Relationship: _____ Telephone _____

Additional Emergency Contact Info _____

Safe Pick Up Information

Check ONE only

I give permission for my child to walk home when program is finished.

I give permission for my child to be picked up by the following people other than me; they will ONLY be released to those listed, including parents and siblings:

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

Consent(s)

1. Authorization: I understand that every attempt will be made to contact a parent/guardian in the event of any injury. However, should the attempts be unsuccessful in reaching someone immediately, I hereby authorize Greenway Chaplin Community Centre, in my absence, to administer first-aid and seek medical treatment or hospital care due to an injury or illness while under their care, and agree to pay for all the expenses incurred thereby. **Parent/Guardian Initials: _____**

2. Permission Form: I hereby give my child permission to travel off site to activities and events with the staff and volunteers. Prior notice/schedules of activities will be given. In addition, I authorize that my child may be photographed for public relations materials **Parent/Guardian Initials: _____**

3. Code of Conduct Agreement: I acknowledge that should my child not adhere to the accepted behavioral code of conduct for Greenway Chaplin program participants that it is at the discretion of Greenway Chaplin Community Centre to remove my child from the program. Refunds will be determined on a case by case basis. **Parent/Guardian Initials: _____**

4. Liability: I agree that Greenway Chaplin C.C. shall not be liable or responsible for any injuries to my child resulting from my child's participation in the program(s). **Parent/Guardian Initials: _____**

5. Sunscreen Permission: I authorize staff and volunteers to assist my child in applying sunscreen. If my child has forgotten their personal spray sunscreen, I authorize for the application of sunscreen that will be on site. **Parent/Guardian Initials: _____**

6. Publicity/Display Consent: We can take photographs for purposes of Greenway's office/website or social media pages, during any program. We may post any of the participant's work for public display in any facility where a program is held. **Parent/Guardian Initials: _____**

Payment Information

Total \$ Outreach \$ Other \$ Kids to Camp \$ Family Share \$

Total Payment Received By _____ **Amount \$** _____

Payment Plan Contract - See attached Payment Schedule

If I choose to remove my children from program, I acknowledge that I am still responsible for making the full payment. If I do not pay in full, I understand that my child(ren) may be removed from their program(s) until payment has been made.

Parent/Guardian Signature: _____ **Date:** _____



GREENWAY CHAPLIN COMMUNITY CENTRE

116 Rouse Avenue, Cambridge ON, N1R 4M8 Office: 519-623-4220 Fax: 519-623-5931

www.greenwaychaplin.com

SUMMER ADVENTURES REGISTRATION FORM

Participant 1	Participant 2	Participant 3
Last Name: _____ First Name: _____	Last Name: _____ First Name: _____	Last Name: _____ First Name: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
Gender: <u>Male</u> <u>Female</u> Age: _____	Gender: <u>Male</u> <u>Female</u> Age: _____	Gender: <u>Male</u> <u>Female</u> Age: _____
<u>Please circle T-Shirt Size and Swim Status</u>	<u>Please circle T-Shirt Size and Swim Status</u>	<u>Please circle T-Shirt Size and Swim Status</u>
T-Shirt - <u>Small</u> <u>Medium</u> <u>Large</u> <u>X-Large</u> <u>Swimmer</u> or <u>Non-Swimmer</u>	T-Shirt - <u>Small</u> <u>Medium</u> <u>Large</u> <u>X-Large</u> <u>Swimmer</u> or <u>Non-Swimmer</u>	T-Shirt - <u>Small</u> <u>Medium</u> <u>Large</u> <u>X-Large</u> <u>Swimmer</u> or <u>Non-Swimmer</u>
Special Needs: _____ _____	Special Needs: _____ _____	Special Needs: _____ _____
Medical: _____ _____	Medical: _____ _____	Medical: _____ _____
Allergies: _____	Allergies: _____	Allergies: _____
Support or accommodation required due to disability: _____	Support or accommodation required due to disability: _____	Support or accommodation required due to disability: _____

Camp Choice(s) - Participant 1	Camp Choice(s) - Participant 2	Camp Choice(s) - Participant 3
<input type="checkbox"/> <i>Summer Adventures</i> <i>*born 2013 – 7 yrs</i>	<input type="checkbox"/> <i>Summer Adventures</i> <i>*born 2013 – 7 yrs</i>	<input type="checkbox"/> <i>Summer Adventures</i> <i>*born 2013 – 7 yrs</i>
<input type="checkbox"/> <i>Summer Adventures 8-10yrs</i>	<input type="checkbox"/> <i>Summer Adventures 8-10yrs</i>	<input type="checkbox"/> <i>Summer Adventures 8-10yrs</i>
<input type="checkbox"/> <i>Summer Adventures 11-14yrs</i>	<input type="checkbox"/> <i>Summer Adventures 11-14yrs</i>	<input type="checkbox"/> <i>Summer Adventures 11-14yrs</i>
Week 1 – Jul to Jul 6* \$110 <input type="checkbox"/>	Week 1 – Jul to Jul 6* \$110 <input type="checkbox"/>	Week 1 – Jul to Jul 6* \$110 <input type="checkbox"/>
Week 2 – Jul 9 to Jul 13 \$120 <input type="checkbox"/>	Week 2 – Jul 9 to Jul 13 \$120 <input type="checkbox"/>	Week 2 – Jul 9 to Jul 13 \$120 <input type="checkbox"/>
Week 3 – Jul 16 - Jul 20 \$120 <input type="checkbox"/>	Week 3 – Jul 16 - Jul 20 \$120 <input type="checkbox"/>	Week 3 – Jul 16 - Jul 20 \$120 <input type="checkbox"/>
Week 4 – Jul 23 – Jul 27 \$120 <input type="checkbox"/>	Week 4 – Jul 23 – Jul 27 \$120 <input type="checkbox"/>	Week 4 – Jul 23 – Jul 27 \$120 <input type="checkbox"/>
Week 5 – Jul 30 – Aug 3 \$120 <input type="checkbox"/>	Week 5 – Jul 30 – Aug 3 \$120 <input type="checkbox"/>	Week 5 – Jul 30 – Aug 3 \$120 <input type="checkbox"/>
Week 6 – Aug 7 – Aug 10* \$110 <input type="checkbox"/>	Week 6 – Aug 7 – Aug 10* \$110 <input type="checkbox"/>	Week 6 – Aug 7 – Aug 10* \$110 <input type="checkbox"/>
Week 7 – Aug 13 - Aug 17 \$120 <input type="checkbox"/>	Week 7 – Aug 13 - Aug 17 \$120 <input type="checkbox"/>	Week 7 – Aug 13 - Aug 17 \$120 <input type="checkbox"/>
Week 8 – Aug 20 - Aug 24 \$120 <input type="checkbox"/>	Week 8 – Aug 20 - Aug 24 \$120 <input type="checkbox"/>	Week 8 – Aug 20 - Aug 24 \$120 <input type="checkbox"/>
Week 9– Aug 27 – Aug 31 \$120 <input type="checkbox"/>	Week 9– Aug 27 – Aug 31 \$120 <input type="checkbox"/>	Week 9– Aug 27 – Aug 31 \$120 <input type="checkbox"/>
Before Care \$10/week @ _____ weeks	Before Care \$10/week @ _____ weeks	Before Care \$10/week @ _____ weeks
After Care \$20/week @ _____ weeks	After Care \$20/week @ _____ weeks	After Care \$20/week @ _____ weeks
Total Cost \$	Total Cost \$	Total Cost \$

How did you hear about us? Facebook Website Activities Guide Flyer from School
 Internet search Friend Other _____

Have you attended any of our programs in the last 2 years? Yes No