



Sir James Douglas Out of School Club Summer Camp Registration Form

Please note, payment is required at time of registration

Child's Information

Child's Full Name: _____ Gender: (M) (F)

Birth date: _____ Medical Number: _____

Family Doctor's Name: _____ Phone Number: _____

Current Swimming Level: _____ Allergies/medical/behavioral information: _____

Parent/Guardian and Emergency Contact Information

The first parent/guardian listed below will be the primary contact for billing and communication purposes.

Parent/Guardian _____ Home Address _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address _____

Parent/Guardian _____ Home Address _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address _____

*If you have custody orders you must attach documentation and inform Director/Supervisors at time of registration.



Please Provide Three Local Emergency Contacts

Name _____ Relationship to child: _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship to child: _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship to child: _____

Home Phone # _____ Cell Phone # _____

Camp Selection

Please check 'yes' beside the weeks you require camp.

<u>Green Thumbs in the "Hood"</u> July 9 th to 13 th	<u>Animal Planet</u> July 16 th to 20 st	<u>Under the Sea</u> July 23 th to 27 th	<u>Fairfield Globetrotters</u> July 30 rd to Aug 3 rd
8:00am - 5:30pm Cost: \$225	8:00am - 5:30pm Cost: \$225	8:00am - 5:30pm Cost: \$225	8:00am - 5:30pm Cost: \$225
<input type="checkbox"/> Yes, please register my child	<input type="checkbox"/> Yes, please register my child	<input type="checkbox"/> Yes, please register my child	<input type="checkbox"/> Yes, please register my child

<u>The Sports Page</u> Aug 7 th to 10 th	<u>Pixies & Planks</u> Aug 13 th to 17 th	<u>Arts, Crafts, Action!</u> Aug 20 st to 24 th
8:00am - 5:30pm Cost: \$180	8:00am - 5:30pm Cost: \$225	8:00am - 5:30pm Cost: \$225
<input type="checkbox"/> Yes, please register my child	<input type="checkbox"/> Yes, please register my child	<input type="checkbox"/> Yes, please register my child

Please provide payment with registration to ensure enrollment via cheque or e-transfer to sjdoutofschoolclub@gmail.com "neighbourhood" is security question. "Fairfield" is answer.



Permissions

I have checked off each appropriate box for camp required with complete payment.

Signature

I understand camp runs from **8:00am to 5:30pm**. The charge for late pick-up is \$10.00 for every quarter hour or portion thereof.

Signature

I hereby give my consent for a staff member to administer first aid to my child in the case of accident or illness. Furthermore, I give my consent for staff to call a medical practitioner or ambulance. Any expenses incurred in such an event are solely my responsibility.

Signature

I hereby give my consent for my child to go on field trips via walking, public transportation or rental bus. I understand that every precaution and safety measure will be taken and waive any liability to the SJD OSC and program and staff.

Signature

In event of sickness my child will be picked up promptly, as camp does not offer alternate care.

Signature

I understand that I am eligible for 75% refund if I provide **3 weeks' notice** before my camp start date.

Signature