



A sport, fitness and life skills
 facility for people of all abilities.
 varietyvillage.ca

Kid Development (Day Camp) Registration Form 2017/2018

CAMPER INFORMATION			
First Name:		Last Name:	
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Undisclosed
MEDICAL INFORMATION			
Please check the appropriate box and answer the following questions:		Yes	No
Does the camper have a disability that you would like us to be aware of? If yes, please specify.		<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns (physical/social etc.) that you would like us to be aware in order that we may assist in your camper's adjustment in the camp? If yes, please specify.		<input type="checkbox"/>	<input type="checkbox"/>
Does the camper have any allergies that you would like us to be aware of? If yes, please specify.		<input type="checkbox"/>	<input type="checkbox"/>
Does the participant carry an epi-pen?		<input type="checkbox"/>	<input type="checkbox"/>
Does the camper need to take any medication? If yes, please specify.		<input type="checkbox"/>	<input type="checkbox"/>
Permission to be administered during camp?		<input type="checkbox"/>	<input type="checkbox"/>
Time/Dose:			
PRIMARY CONTACT INFORMATION			
First Name:		Last Name:	
Address:			
Unit/Apt:	City:	Postal Code:	Province:
Phone:	Cell:	Work:	Ext.
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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EMERGENCY CONTACT INFORMATION (other than previously listed)

Contact Name	Relationship	Home Phone:
		Cell Phone:
		Permission to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name	Relationship	Home Phone:
		Cell Phone:
		Permission to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other individuals who have permission to pick up your child:

KID DEVELOPMENT DAY CAMP SELECTION

In the table below, select which days you would like your child to attend KDD Camp. Please note, that our program ratio is 1 staff to 5 children. We require that all participants are able to participate safely under this supervision ratio, as well as follow our program itinerary. We reserve the right to ask a participant to withdraw from the program if they cannot participate safely under this supervision ratio.

Extended Hours

No need to rush to drop off or pick up the kids! Register for extended hours from 8:00am-9:00am and 4:00pm-5:00pm for \$8/day. Kids will enjoy choosing from a variety of activities and continuing to build relationships from the camp day. This time consists of supervised free play, the ratio during this time is 1:5.

One to One Support

Requests for one to one support can be made in writing to ccookman@varietyvillage.on.ca. Support is limited for KDD days and cannot be guaranteed. The cost for this service is \$105/day in addition to program fees.

Cost	October 6, 2017	November 17, 2017	December 1, 2017	January 19, 2018	February 16, 2018	April 2, 2018	June 8, 2018
Member \$55/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member \$65/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Hours \$8/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total per Day	\$	\$	\$	\$	\$	\$	\$
Total Amount:						\$	



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TRANSPORTATION INFORMATION

In the table below, indicate how your child will be arriving to the program and how they will be picked up.

Drop-off		Pick-up	
<input type="checkbox"/> Wheel-trans	Time: _____	<input type="checkbox"/> Wheel-trans	Time: _____
<input type="checkbox"/> Parent Drop-Off	Time: _____	<input type="checkbox"/> Parent Pick-Up	Time: _____

Permission to travel by self; Authorizing 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 organizers 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.

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 Day Camp. These photographs/images/videos may be used in publication, including electronic publications during TV broadcast or in audio visual presentations, promotional literature, advertising or in other similar ways.

I understand and agree to all of the above terms and conditions.

Campers Full Name (please print clearly):	
Signature (Parent/Guardian if under 18 years):	
Date:	



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BILLING INFORMATION

<input type="checkbox"/> Same as Primary Contact		<input type="checkbox"/> This information is for a funding agency: _____	
First Name:		Last Name:	
Address:			
City:	Postal Code:	Province:	Country:
Phone:		Work:	
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYMENT INFORMATION

Payment Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> Please provide receipt	Please make cheques payable to: Variety Village
Credit	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX		Please do not send cash in the mail.
Card No.		Expiry:		CV Code:	
I authorize Variety Village to debit my card in the amount of \$ _____					
Name on Card:			Signature:		

ADMINISTRATIVE USE ONLY

Date Received:	Verified By :
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