



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

Summer Camp Application 2017

CAMPER INFORMATION			
First Name:		Last Name:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, please specify: _____		
PRIMARY CONTACT			
First Name:		Last Name:	
Address:			
City:	Postal Code:	Province:	Country:
Phone:	Work:	Cell:	
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACTS			
Primary Contact	Relationship	Home Phone:	
		Business Phone:	
		Cell Phone:	
Secondary Contact	Relationship	Home Phone:	
		Business Phone:	
		Cell Phone:	
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 camper need to take any medication? If yes, please specify.		<input type="checkbox"/>	<input type="checkbox"/>



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

Summer Camp Application 2017

Please check the appropriate box and answer the following questions:	Yes	No
Permission to be administered during camp?	<input type="checkbox"/>	<input type="checkbox"/>
Time/Dose:		

CAMP SELECTION Please refer to the camp brochure for dates and costs of specific camps.

Extended Hours (Optional): \$40 per week

Camps will run from 9am to 4pm with extended hours offered from 8am to 9am and from 4pm to 5pm. Check the appropriate box below if you require this service.

One to One (Optional): \$525 per week

One to one staffing is available for registrants. Please note that support is limited and based on the level of care required. If you would like to be considered for this service please check the appropriate box below and a camp coordinator will contact you for a follow up.

NEW! Summer camp t-shirts are a mandatory purchase at a cost of \$15.00

Dates	Camp	One to One	Extended hours \$40/week	Total
Week 1 July 3 - July 7		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 2 July 10 - July 14		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 3 July 17 - July 21		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 4 July 24 - July 28		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 5 July 31 - Aug 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 6 Aug 8 - Aug 11		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 7 Aug 14 - Aug 18		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Week 8 Aug 21 - Aug 25		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

*No Camps August 7 2017 due to holidays.

CAMP T-SHIRT \$15.00 (Mandatory)	YOUTH	ADULT
----------------------------------	-------	-------

Please select t-shirt size \$15.00	Youth—Small <input type="checkbox"/> Youth—Medium <input type="checkbox"/> Youth—Large <input type="checkbox"/> Youth—xLarge <input type="checkbox"/>	Adult—Small <input type="checkbox"/> Adult—Medium <input type="checkbox"/> Adult—Large <input type="checkbox"/> Adult—xLarge <input type="checkbox"/>
------------------------------------	--	--

Camp: _____ **+ One to one:** _____ **+ Ext. Hours:** _____ **+ T-shirt: \$15 = Total :** _____



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

Summer Camp Application 2017

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 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:

PHOTO WAIVER

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 Summer Camp. 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.

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:

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 behavioral 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 would be pleased to discuss your questions or concerns and we hope that everyone can get involved for another exciting year of Camp programs.



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

Summer Camp Application 2017

BILLING INFORMATION

Same as Primary Contact

First Name:

Last Name:

Address:

City:

Postal Code:

Province:

Country:

Phone:

Work:

Email:

Permission to contact you by email? Yes No

PAYMENT INFORMATION

Payment Method

Cash

Cheque

Debit

Cheque

Please make
cheques payable to:
Variety Village

Credit

Visa

Mastercard

AMEX

Please provide
receipt

Please do not send
cash in the mail.

I authorize Variety Village to debit my card in the amount of \$ _____

Card No.

Expiry:

CV Code:

Name on Card:

Signature:

ADMINISTRATIVE USE ONLY

Date Received:

Verified By :