

| CAMPER INFORMATION | | | | | | | |
|---|----|---------|--|--|---|--|--|
| First Name: | | Last Na | nme: | | | | |
| Date of Birth: ☐ Male ☐ Female ☐ Undisclosed | | | | | | | |
| MEDICAL INFORMATION | | | | | | | |
| Please check the appropriate box a | s: | Yes | No | | | | |
| Does the camper have a disability t please specify. | | | | | | | |
| 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. | | | | | | | |
| Does the camper have any allergies please specify. | | | | | | | |
| Does the participant carry an epi-po | | | | | | | |
| Does the camper need to take any | | | | | | | |
| Permission to be administered during camp? | | | | | _ | | |
| Time/Dose: | | | | | | | |
| PRIMARY CONTACT INFORMATION | | | | | | | |
| First Name: | | | ame: | | | | |
| Address: | | | | | | | |
| Unit/Apt: City: | | | Postal Code: Province: | | | | |
| Phone: Cell: | | | Work: Ext. | | | | |
| Email: | | | Permission to contact you by email? ☐ Yes ☐ No | | | | |



| EMERGENCY CONTACT INFORMATION (other than previously listed) | | | | | | | | | |
|---|-------------------|--|---|------------------|-------|--|----|--|--|
| Contact Name | Relationship | | Home Phone | | | | | | |
| | | | Cell Phone: | | | | | | |
| | | | Permission to | o pick up child? | □ Yes | | No | | |
| Contact Name | Relationship | | Home Phone | : | | | | | |
| | | | Cell Phone: | | | | | | |
| | | | Permission to pick up child? ☐ Yes ☐ No | | | | | | |
| Please list any other individuals who have permission to pick up your child: | | | | | | | | | |
| 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 | | | | | | | | |
| □ Parent Drop-Off | ☐ Parent Drop-Off | | | | | | | | |
| ☐ Wheel-Trans Time: | Time: | | ☐ Wheel-Trans | | | | | | |
| □ Permission to travel independently. Authorizing Signature: | | | | | | | | | |
| SWIMMING INFORMATION | | | | | | | | | |
| If you are registering for swim camp, section A is mandatory. If not, you can skip to section B. | | | | | | | | | |
| Section A | Section B | | | | | | | | |
| What is your camper's current swimming level? (i.e. Red Cross Level 2, Ultra Level 5) | | Do you have any swimming specific comments/concerns to communicate to instructors? | | | | | | | |



| CAMP SELECTION (Please refer to the camp brochure for dates and costs of specific camps) | | | | | | |
|--|--|--|---|-------------------------------|-------|--|
| Extended Hours (Optional): \$60 per week Camps will run from 9am to 4pm with extended hours offered from 7:30am to 9am and from 4pm to 6pm. Check the appropriate box below if you require this service. | | | | | | |
| care required. If you varietycamps@variet If you are hiring an e | is available for regist would like to be cor etyvillage.on.ca. The external 1:1 please so | trants. Please note that support is lasidered for this service please mal re is an-intake process required be see our camper tool box for our Exte I WEEK PRIOR TO THE START OF | ke a request ir fore registratio ernal Worker P | n writing to on and be cor | | |
| Dates | | Camp | Ext. Hours | \$60/week | Total | |
| Week 1* June 29 - July 3 | | | ☐ YES | □ NO | | |
| Week 2 July 6 - July 10 | | | ☐ YES | □ NO | | |
| Week 3 July 13 - July 17 | | | ☐ YES | □ NO | | |
| Week 4 July 20 - July 24 | | | ☐ YES | □ NO | | |
| Week 5 July 27 - July 31 | | | ☐ YES | □ NO | | |
| Week 6* Aug 4 - Aug 7 | | | ☐ YES | □ NO | | |
| Week 7 Aug 10 - Aug 14 | | | ☐ YES | □ NO | | |
| Week 8 Aug 17 - Aug 21 | | | □ YES | □ NO | | |
| Week 9 Aug 24 - Aug 28 | | | □ YES | □ NO | | |
| *No Camps July 1 | and August 3, 2020 | due to holidays. Prices are prorated | d for this week | | | |
| CAMP T-SHIRT \$15 | 5.00 (Mandatory) | YOUTH | | ADU | LT | |
| Please selec | et t-shirt size v is a different shirt) | ☐ Youth—Small ☐ Youth—Medium ☐ Youth—Large ☐ Youth—Extra Large | ☐ Adult- | -Medium | | |
| Camp: | _ + One to one: | + Ext. Hours: | _ + T-shirt: \$1 | <u>5</u> = Total : | | |

Summer Camp 2020 Registration Form

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.

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

FAMILY & CAMPER RESOURCES

We have many resources available to help make Variety Camps the best camp for your child!

Instructor Meet & Greet

When: June 23, 2020, 6:00—7:00pm Where: Variety Village, The Barall Centre

What: A chance for you and your campers to meet their Head Instructors for the summer. You can ask

questions about the schedule, as well as communicate information about your child.

Camper Toolbox

Our Camp Toolbox includes detailed schedules for all of the camps that we offer, as well as visual aids of various places around our building. It can be found on the CAMP section of our website at varietyvillage.ca>Fitness & Sport >Camps



| BILLING INFORMATION | | | | | | | | | | | | |
|---|-----------|----------|--------------|------------|---|--------|----------|--------------------------|----------|--------------------------------------|--|--|
| □ Same as Primary Contact □ This information is for a funding agency: | | | | | | | | | | | | |
| First Name: | | | | Last Name: | | | | | | | | |
| Address: | Address: | | | | | | | | | | | |
| City: | | Post | al Code: | Province: | | | Country: | | | | | |
| Phone: | | | | Work: | | | | | | | | |
| Email: | | | | Permis | rmission to contact you by email? D Yes | | | | | | □ No | |
| PAYMENT INFORM | ATION | | | | | | | | | | | |
| Payment Method | □ Cash | □ Cheque | | ue | | Debit | | □ Please prov receipt | | | Note: | |
| Credit | □ Visa | | □ Mastercard | | | AMEX | | | | | Please make cheques payable to Variety Village | |
| Payment Plan * A credit card is required | □ One-tir | ne | □ Bi-Weekly | | | Monthl | ıly | | | 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 : |