



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

March Break Camp

Registration Form 2021

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
<i>Does the camper have a disability that you would like us to be aware of? If yes, please specify.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the camper have any allergies that you would like us to be aware of? If yes, please specify.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the participant carry an epi-pen?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the camper need to take any medication? If yes, please specify.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Permission to be administered during camp?</i> Time/Dose:	<input type="checkbox"/>	<input type="checkbox"/>

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:

MARCH BREAK CAMP SELECTION

In the table below, select which March Break Camp you would like your camper to participate in. Please note, that our program ratio is 1 staff to 4 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.

Drop off/ Pick up

No need to rush to drop off or pick up the kids! Drop off is between 8:00am-9:00am and Pick up is 4:00pm-5:00pm.

One to One Support

One to one support is not available for March Break Camp. Parents are encouraged to find support workers from other agencies so that their child can still participate in all of the Variety fun!

Cost	Member \$290	Non-Member \$340
Multisport This camp will give you the full Variety Village experience. Campers will get the chance to play different sports, games, climb our huge obstacle course, wind down with some arts and crafts, and swim every day! Campers are split up by age. They will need indoor shoes, a bathing suit, a towel, two snacks, and a lunch. Gear up for days full of activities and fun!	<input type="checkbox"/>	<input type="checkbox"/>
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

Same as Primary Contact 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? Yes 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 Please do not send cash in the mail.
Credit	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX		
Payment Plan A Credit card or post dated cheques are required.	<input type="checkbox"/> One-time	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly		
Card No.	Expiry:		CV Code:		
I authorize Variety to debit my card in the amount of \$_____					
Name on Card:			Signature:		

ADMINISTRATIVE USE ONLY

Date Received:	Verified By :
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