

REGISTRATION FORM 2017

PLEASE PRINT CLEARLY – 3 PAGES
CAMP FEES ARE DUE BEFORE EACH SESSION BEGINS

CAMPER'S INFORMATION:

FIRST AND LAST NAME:		
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE: *Due to new legislation, we cannot offer spaces to children 3 years old and under	
BIRTHDAY: MONTH	DAY	YEAR
ADDRESS: STREET NUMBER & NAME APARTMENT NUMBER CITY & PROVINCE POSTAL CODE		
HEALTH CARD NUMBER:		
FAMILY DOCTOR'S NAME (first and last):		
FAMILY DOCTOR'S PHONE NUMBER:		
Does your child have any medical conditions we should be aware of? Example: asthma, allergies, ADHD, etc.		
Does your child have any dietary restrictions? Example: vegetarian, vegan, etc.		
LANGUAGE(S) SPOKEN AT HOME:		
Does your child have any sisters or brothers also attending this Camp? (list names and ages)		

DIXON HALL SUMMER DAY CAMP

PARENT/GUARDIAN INFORMATION:

1.	FIRST AND LAST NAME:	PHONE NUMBER:
2.	FIRST AND LAST NAME:	PHONE NUMBER:

EMERGENCY CONTACT INFORMATION:

These contacts will be used if Dixon Hall staff are unable to reach the child's parent/guardian in an emergency and will be expected to come and meet the child if necessary.

1.	FIRST AND LAST NAME:	RELATIONSHIP TO CHILD:	PHONE NUMBER:
2.	FIRST AND LAST NAME:	RELATIONSHIP TO CHILD:	PHONE NUMBER:

PICK-UP INFORMATION:

Only the people named on this list will be permitted to pick up this child. To ensure safety and security, those listed may be expected to show identification.

Does your child have permission to go home alone?		
<input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please fill in the chart below)		
1.	FIRST AND LAST NAME:	RELATIONSHIP TO CHILD:
2.	FIRST AND LAST NAME:	RELATIONSHIP TO CHILD:
3.	FIRST AND LAST NAME:	RELATIONSHIP TO CHILD:

DIXON HALL SUMMER DAY CAMP

WHICH SESSIONS WILL YOUR CHILD ATTEND?

(check all appropriate boxes)

<input type="checkbox"/>	Session #1: July 4 - July 7*	<input type="checkbox"/>	Session #5: Aug 1 – 4*
<input type="checkbox"/>	Session #2: July 10 – July 14	<input type="checkbox"/>	Session #6: Aug 7 – Aug 11
<input type="checkbox"/>	Session #3: July 17 – July 21	<input type="checkbox"/>	Session #7: Aug 14 – Aug 18
<input type="checkbox"/>	Session #4: July 24 – July 28		*No camp August 1st (Civic Holiday)

MANDATORY RELEASE:

Please sign after reading the release.

I, the undersigned, give permission for my child to participate in ALL Dixon Hall Summer Day Camp related activities and out-of-town trips. I also give permission to Dixon Hall staff to take appropriate action should my child require medical attention.

PARENT/GUARDIAN FIRST AND LAST NAME:	SIGNATURE:	DATE:

INFORMED CONSENT AND WAIVER FORM 2017

Dixon Hall Summer Day Camp Waiver

I, _____ (“Parent or Legal Guardian”) am the Parent or Legal Guardian of _____ (“The Participant”). I have the authority and do consent to the participation of the Participant in a Dixon Hall (“The Organization”) for Summer Day Camp (“The Program”).

The Program commences on July 4th, 2017 to August 18th, 2017 from 9am to 4pm.

I am aware of the risks involved with the activities of The Program. These activities may include but are not limited to travel, daily excursions, sports and game activities, water sports, interactions with other youth and meal preparation.

The Organization does not assume any liability for injury, accident, illness, deterioration of health, or death, which may occur to the participant named herein, during, or resulting from participation in, the Program. In addition, The Organization does not assume any liability for damage, loss or theft of any property during the Participant’s participation in the Program. I am aware that by the very nature of the program Participants will be in close contact with other participants who may have had or currently have challenges with legal compliance and the risk that that may pose.

In the course of the Program, representatives or those associated with The Organization may take photographs or otherwise record events. These photographs and recordings may be submitted to The Organization to be used in promotional activities. Therefore, I and/or on behalf of the Participant, give permission to the Organization to photograph and record me and/or the Participant’s image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to The Organization by me or third parties involved, in whole or in part, now and in the future, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for promotional activities. I, on my own behalf and/or on behalf of the Participant assign and transfer to any members of The Organization any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child/ward may have in this material. If you do not wish the image of the Participant to be used in official marketing and promotional simply notify us by email at media@dixonhall.org. We will make best efforts to ensure that the Participants image is not used on any Dixon Hall official media channels or for promotional advancements.

However, the Organization is only responsible for official uses of photographs and recordings. Any personal uses outside of the promotional uses outlined above are not monitored by and are not the responsibility of The Organization. For example, another

DIXON HALL SUMMER DAY CAMP

Participant of the Program may capture images of The Participant in a public setting that the Organization cannot take responsibility for.

On behalf of myself and any and all heirs, successors or assigns, I release The Organization and all of its officials, officers, employees, agents or contractors, operating or assisting the Program, from any liability, actions, demands, claims, damage costs or lawsuits arising from participation in the Program, including an act of God and negligence. I understand that this release applies to both present and future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

I understand that the Organization is interested in understanding the benefits of the Program. To that end The Organization may be conducting studies with the Participants. The data, analysis and results of these studies (“The Research”) will be the exclusive property of the the Organization. Without any consideration I will allow the Organization or any of its members to make use of The Research in any manner it may deem, at its sole discretion, beneficial (“beneficial” by itself doesn’t make sense here) including release for monetary benefit.

Dated at Toronto, Canada this _____ day of _____, 2016

Signature of Parent or Legal Guardian: _____

Signature of Witness: _____

DIXON HALL SUMMER DAY CAMP

For Office Use Only

Name of Child: _____

Cost per Session: _____

Attendance:

<input type="checkbox"/>	Session #1: July 4 - July 7	<input type="checkbox"/>	Session #5: Aug 1 – 4*
<input type="checkbox"/>	Session #2: July 10 – July 14	<input type="checkbox"/>	Session #6: Aug 7 – Aug 11
<input type="checkbox"/>	Session #3: July 17 – July 21	<input type="checkbox"/>	Session #7: Aug 14 – Aug 18
<input type="checkbox"/>	Session #4: July 24 – July 28	*No camp August 1st (Civic Holiday)	

Date of Payment	Received by	Amount Received	Receipt #	Amount Outstanding
June 16th, 2017				
July 14th, 2017				
July 28th, 2017				
August 11th, 2017				