



FOR OFFICE USE ONLY
Kidtrax ID #: _____
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Database #: _____
Expiry Date: _____



184 Horton Street, London, ON N6B 1K8

Tel: (519) 434-9114 Fax: (519) 434-7306 www.bgclondon.ca

Camp is located in Thorndale ON at the Thorndale Community Centre– 265 Upper Queen Street

THORNDALE SUMMER CAMP 2019 REGISTRATION

The following information is necessary for the Boys & Girls Club of London (BGCL) records and statistical information for our funders.

PLEASE PRINT CLEARLY AND USE BLACK INK:

Child's Name: _____

Date of Birth: _____ / _____ / _____ Age at camp: _____ Sex: Male Female

FIRST MIDDLE LAST
DAY MONTH YEAR

Address: _____
STREET # AND NAME CITY POSTAL CODE

Home Phone #: _____ E-mail Address: _____

School Name: _____ Grade: _____

Health Card #: _____ Physician: _____ Phone #: _____

PARENT / GUARDIAN #1

Name: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Sex: Male Female

PARENT / GUARDIAN #2

Name: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Sex: Male Female

Family Setting:	One Parent Family <input type="checkbox"/>	Two Parent Family <input type="checkbox"/>	Joint Custody <input type="checkbox"/>	Other <input type="checkbox"/>	Please Specify:
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EMERGENCY CONTACTS: These will be the people who are allowed to pick up your child or who will be called if a parent/ guardian cannot be reach in an emergency. **These MUST be different contacts than Parents/ Guardians.**

FIRST NAME	LAST NAME	RELATIONSHIP TO CHILD	HOME PHONE #	ALTERNATIVE # (WORK) (CELL)

Will anyone else other than those listed above be picking up your child? If yes, please fill out the following:

- _____
 - _____
- NAME AND RELATIONSHIP TO CHILD NAME AND RELATIONSHIP TO CHILD

List anyone who is **NOT ALLOWED** to pick up your child: _____
NAME AND RELATIONSHIP TO CHILD

PLEASE NOTE: Everyone picking up children will be ask to show photo identification. Please ensure that all people picking up your child are aware of this.

SUMMER CAMP POLICIES

Age Policy

The camper's age the week they are attending camp is their registered age.

Children with Difficult Behaviour at Camp

Parents will receive a Behaviour Management Form, signed by Camp Coordinators and Management, to assist their child in dealing with any difficult behaviour experienced at camp. If your child needs to leave camp for not correcting inappropriate behaviour, a refund will not be issued.

Head Lice

If lice is detected on any participant, we will notify parents. Child must be picked up by an authorized person immediately.

Sun Screen

It is our policy to allow staff to assist participants with the application of sun screen provided the following has been completed.

I give permission for the staff of the BGCL Camp to assist in the application of sun screen to my child. I also understand that I must provide a clearly labelled bottle of approved sun screen. We recommend that sun screen be waterproof, provide UVA/UVB protection and have a SPF of at least 30 and that it contain **no peanut products**.

Yes No

Payment of Fees

Full payment must be received at the time of registration. We accept VISA, MasterCard, Debit, and Cash.

Changes of Weeks / Camp & Refund Policy

To receive a refund, all changes and cancellations must be submitted in writing at least one week prior to the campers start date & \$15 Administration fee will be charged for Cancellations or Changes per child per cancellation notice.

Please note: A \$25.00 non-refundable Registration Deposit applies per camper for City Subsidy / Ontario Works Clients

AUTHORIZATION - Registration will not be processed without a signature below.

In registering the child named in this form to attend BGCL Camp, I, the undersigned parent/guardian or other duly authorized party, hereby agree as follows:

1. To permit my child to participate in the full range of BGCL Camp activities and authorize the BGCL Camp Staff, in the event of accident, injury or illness affecting the above named camper to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may seem essential for the care and well-being of the said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made.
2. I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold the Boys & Girls Club of London or any of its employees responsible in the event of an injury to my child.
3. I understand and agree to the Boys & Girls Club of London's Summer Camp Policies stated above.

PLEASE NOTE: Promotional Material: The BGCL reserve the right and permission to publish, reproduce, distribute and /or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of the BGCL. The BGCL shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product. I do not give permission to use my child's photograph

General Waiver: I, the undersigned, the parent/guardian of the above named child do hereby consent to this child's participation in the Boys & Girls Club of London's programs. I acknowledge that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the above named child is safe from further injury. I am aware of no physical or other reasons why this child should not participate in club programs and related club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the Member, or the Club, its employees/agents or the facility where the activity is taking place.

By choosing to take part in this activity, I am accepting the risk that my child may be injured. The Boys and Girls Club of London does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the Boys & Girls Club of London allowing this child to participate in club programs, **I agree to waive and release Boys & Girls Club of London, its employees, volunteers, directors and agents (the "Releasees") from all claims for damages, injury or loss that may arise as a result of my child's participation in programs, including those arising from the Releasees own negligence (i.e. a failure to take reasonable care). I will impress upon the child the importance of following club rules, regulations and instructors directions.**

Parent / Guardian Signature

Date

Relationship to Child

CAMP INFORMATION

AGES 4 – 12 - Camp Cost: \$225.00/week & (\$190.00/week 1 & 6 only) - Lunch only included

	Wk 1 Jul 2-5 *4 day	Wk 2 Jul 8-12	Wk 3 Jul 15-19	Wk 4 Jul 22-26	Wk 5 Jul 29-Aug 2	Wk 6 Aug 6-9 *4 day	Wk 7 Aug 12-16	Wk 8 Aug 19-23	Wk 9 Aug 26 - 30
<i>Early Drop Off - \$3/day & \$15/wk 7:30 am - 8:00am</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Late Pick Up - \$3/day & \$15/wk 5:00 - 5:30pm</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Thorndale Day Camp Full week</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Amount Paid for Membership \$ _____ Paid by: Cash Visa MC Debit Receipt # _____ Staff _____

Deposit Amount \$ _____ Paid by: Cash Visa MC Debit Receipt # _____ Staff _____

Amount Owing	Amount Paid	Receipt#	Date Paid	Staff Int.	CAMPS PAID & WEEK
					Week# _____ Paid by: Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Cancellation <input type="checkbox"/>
					Week# _____ Paid by: Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Cancellation <input type="checkbox"/>
					Week# _____ Paid by: Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Cancellation <input type="checkbox"/>