

# 2020 Camp Wilderwood REGISTRATION



Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: [ ] Male [ ] Female

School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Card # \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Street: \_\_\_\_\_ Unit #: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Alternate Phone Number 1: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Alternate Phone Number 2: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ **YES!** Sign me up for Neighbourhood updates: \_\_\_\_\_**Emergency Contact:** \_\_\_\_\_**Relationship:** \_\_\_\_\_**Primary Phone Number:** \_\_\_\_\_**Alternate Phone Number:** \_\_\_\_\_

Please note that **the Emergency Contact must be someone other than the participant's parent(s) or legal guardian(s)**. In the event of an emergency or program cancellation, the person named above will be contacted only if we have been unable to reach the participant's parent(s) or legal guardian(s)

1. How will your child arrive to, and leave camp, each day? \_\_\_\_\_

My child has permission to arrive independently to camp, and to leave independently after camp. [ ] Yes [ ] No

2. Please list anyone whom your child has permission to be picked up by (including parent(s), legal guardian(s), and/or siblings). Your child will ONLY be released to those individuals listed.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Does your child have any known allergies (food, drug, environmental) or any dietary restrictions? [ ] Yes [ ] No

If yes, please list: \_\_\_\_\_

4. Is your child currently taking any medication on an ongoing basis or does he/she carry any emergency medication? [ ] Yes [ ] No

If yes, please list: \_\_\_\_\_

**We want your child to have a fun and safe summer camp experience. To help us in this effort please answer the following questions or speak directly to staff.**

5. Does your child have any special needs or physical limitations that staff should be aware of? [ ] Yes [ ] No

If yes, please comment: \_\_\_\_\_

6. Does your child have the support of an EA, IEP or IPRC at school? [ ] Yes [ ] No

If yes, please comment: \_\_\_\_\_

## 7. Swim Information

**If your child is aged 10 or older:**

My child has permission to swim without direct supervision in the water.

My child does not have permission to swim without direct supervision in the water.

**If your child is aged 7-9:**

My child has permission to participate in a swim test facilitated by the West End Pool Staff to determine their eligibility to swim without direct supervision.

My child does not have permission to take the Swim Test.

If your child is **age 4 - 6** they will have direct supervision in the water, and will swim in the Shallow End only.

## 8. Please indicate the Weeks that you are registering for:

**Week 1: Monday June 29<sup>th</sup> – Friday July 3<sup>rd</sup>** (\$128.00)

*There is no camp Wednesday, July 1<sup>st</sup>*

**Week 2: Monday July 6<sup>th</sup> – Friday July 10<sup>th</sup>** (\$150.00)

**Week 3: Monday July 13<sup>th</sup> – Friday July 17<sup>th</sup>** (\$150.00)

**Week 4: Monday July 20<sup>th</sup> – Friday July 24<sup>th</sup>** (\$150.00)

**Week 5: Monday July 27<sup>th</sup> – Friday July 31<sup>st</sup>** (\$150.00)

**Week 6: Tuesday Aug. 4<sup>th</sup> – Friday Aug. 7<sup>th</sup>** (\$128.00)

*There is no camp Monday, August 3<sup>rd</sup> due to Civic Holiday*

**Week 7: Monday Aug. 10<sup>th</sup> – Friday Aug. 14<sup>th</sup>** (\$150.00)

Each week includes 2 Swim Days, one camp-wide Lunch Day, a Special Guest activity and a camp-wide Special Theme Day.

*Cheque may be made out to West Willow Village Neighbourhood Group*

*NSF cheques will be subject to a non-refundable fee of \$5.00. All program fees are non-refundable.*

**[Payment plans and Subsidies are available; please speak to Amanda Stahlbaum, Summer Camp Supervisor]**

### By signing below, I agree to the following:

I hereby allow my child's name and photograph to be posted/displayed in the program facility, to be released to the media as well as posted on social media (twitter, facebook) for the purpose of program publicity.

**YES [ ] NO [ ]**

I hereby authorize program staff to administer emergency first-aid and seek medical treatment or hospital care in the event that a serious injury or illness is incurred while under their care and agree to cover any resulting expenses.

**YES [ ] NO [ ]**

I understand that any agents, employees, members, and directors of the West Willow Village Neighbourhood Group and the West Village Community Development Co-operative are not responsible for the loss or damage of any participant's personal property nor are they responsible for any injuries incurred during program activities.

I understand that program staff and volunteers are not responsible for my child prior to their arrival at program and after their departure from program.

I understand that all Staff reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have consistently rejected the reasonable behavioural expectations of the program. I also understand that all participants are bound to the Code of Conduct and the steps that Staff will take if behavioural challenges persist.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

***The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the West Willow Village Neighbourhood Group programs. At no time will your personal information be disclosed without your express written consent.***

***If you have any questions you may contact Linda Busuttill at the West Village Community Development Co-operative Ltd. 519 826 9930 or by email at [info@westwillowvillage.ca](mailto:info@westwillowvillage.ca)***