



2018 Summer Camp

St. Barnabas Catholic School
30 Washburn Way
Scarborough, ON

Office use only

Client ID: _____
Date entered: _____
Entered by: _____



PARTICIPANT INFORMATION

First Name:	Last Name:	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Current Grade:	Name of School:	
Date of Birth (DAY/MONTH/YEAR) ____/____/____	How did you hear about these Programs:	
Home Address:	City:	Postal Code:
E-mail:	Home Phone:	Cell Phone:
Name of Family Doctor:	Doctor's Phone:	
IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE? <input type="checkbox"/> NO <input type="checkbox"/> YES	DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
OTHER MEDICAL OR SPECIAL NEEDS:	IF YES, SPECIFY: _____	

DROP OFF AND PICK-UP INFORMATION

Parent/Guardian's Full Name:	Other Emergency Contacts:
Parent's Email:	
Address (If Different from participants)	Emergency Contact Phone:
City:	Postal Code:
Phone:	Phone:

Camp Weeks

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
July 2/18 – July 6/18	July 9/18 – July 13/18	July 16/18 – July 20/18	July 23/18 – July 27/18	July 30/18 – Aug 3/18	Aug 6/18 – Aug 10/18
\$130.00 <input type="checkbox"/>	\$130.00 <input type="checkbox"/>	\$130.00 <input type="checkbox"/>	\$130.00 <input type="checkbox"/>	\$130.00 <input type="checkbox"/>	\$130.00 <input type="checkbox"/>

PLEASE NOTE THAT THIS IS A PEANUT-FREE ENVIRONMENT!

PARENT/GUARDIAN CONSENT

- ACTIVITY PERMISSION: Permission is granted for my child to participate in all program activities, unless I advise you otherwise, in advance, in writing.
- MEDIA RELEASE: I hereby consent and grant permission that Tropicana Community Services, their event partners and respective media representatives may take pictures, videotape or digitally record my child while he/she is engaged in their program activities and also authorized to use these for any promotional outreach or advertising purposes. (IF YOU DO NOT CONSENT TO THIS FOR WHATEVER REASON, PLEASE INFORM US ABOUT YOUR OBJECTION)
- PROVISION OF CARE/EMERGENCY: I have provided Tropicana Community Services with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize Tropicana Community Services Organization to secure medical care for my child. I hereby waive any claim against Tropicana Community Services Organization, event partners, volunteers and/ or their staff which may arise from any injury my child may incur as a result of his/her participation in program activities.
- TRANSPORTATION/SCHEDULE: I will be responsible for getting my child to the camp site on time between 7:30 and 9:00am and picking him/her up latest by 5:30pm. I will also provide my child with the necessary supplies, as may be required.
- FOOD PROVISION: I will supply my child with adequate food/snacks and drinking substance on a daily basis as my child may require.

Signature of Parent/Guardian

_____/_____/20_____
Date (Day/Month/Year)

