



## 'I AM' Summer Camp 2018 Career Crush Camp 2018 Registration/Authorization Form

| <b>Session #1</b> – Tuesday, July 3 <sup>rd</sup> – Friday, July 13 <sup>th</sup> |   |                                       |
|---|---|---------------------------------------|
| Session #2 – Monday, July 23 <sup>rd</sup> – Friday, August 3 <sup>rd</sup>       | _ | 'I AM' Camp                           |
| Session #3 – Monday, August 13th – Friday, August 24th                            |   |                                       |
| Session #1 – Monday, July 9 <sup>th</sup> – Friday, July 13 <sup>th</sup>         |   |                                       |
| Session #2 – Monday, July 30 <sup>th</sup> – Friday, August 3 <sup>rd</sup>       | _ | 'Career Crush' Camp (ages 12-17 yrs.) |
| Session #3 – Monday, August 20 <sup>th</sup> – Friday, August 24 <sup>th</sup>    |   |                                       |

## I would like to register my child for the following summer camp session(s):

|            | 'I AM' | Career Crush | Both  |
|------------|--------|--------------|-------|
|            | Camp   | Camp         | Camps |
| Session #1 |        |              |       |
| Session #2 |        |              |       |
| Session #3 |        |              |       |

<sup>\*</sup>Girls 12-17 yrs. – Priority registration will be given to participants registering for the full 2-week 'I Am' & Career Crush Camp experience.

| Name of Child: |            |      |
|----------------|------------|------|
| Age:           |            |      |
| _              | //DD/YYYY) |      |
| Home Address:  |            |      |
| Home Phone Nun | nber:      |      |
| School:        |            |      |
| Grade:         |            | <br> |

<sup>\*\*</sup> Please note that we request that parents call or email if their child will miss a program day. If two or more consecutive camp days have been missed (without notice given to JAC staff) the participant <u>may</u> be removed from camp.



| Parent/Guardian              | Day Phone                            | Cell:   |
|------------------------------|--------------------------------------|---------|
| Name                         | Number:                              |         |
| Parent/Guardian              | Day Phone                            | Cell:   |
| Name                         | Number:                              |         |
| Parent/Guardian Email        |                                      |         |
| Parent/Guardian Email        |                                      |         |
| Emergency Contact            | Phone                                |         |
| Name                         | Number                               |         |
| Emergency Contact            | Phone                                |         |
| Name                         | Number                               |         |
| Family Doctor Name and Ph    | one Number:                          |         |
| OHIP Number:                 |                                      |         |
| Known Health Issues (include | ding Allergies, Medical, and Special | Needs): |
| Immunizations up to Date?    |                                      |         |
| YES NO                       | D                                    |         |
| Authorized pick-up people (  | including parents)                   |         |
| 1.                           | 2.                                   | 3.      |
| 4                            | 5.                                   | 6       |

In the event of any emergency and someone not listed must pick up your child, please call the Jean Augustine Centre for Young Women's Empowerment (JACYWE) at 416-253-9797 and inform the Executive Director. Please do not send anyone to pick up your child whom your child will not recognize. I understand that by signing below, I am agreeing that my child will only be released to the person(s) whom I have identified above as Emergency Contact or Person to Pick-Up Child, and the person(s) will be required to show proof of identification.



| I hereby release the JACYWE and its Staff from any legal liability and from all claims that may arise due to or relating to my child leaving the site with Emergency Contact or Person to Pick-up Child noted herein.  |
|--|
| Parent/Guardian Initials:  |
| Authorization for my child to walk/bike/bus home  My child has permission to leave the JACYWE site and walk/bike/bus home without adult supervision. I understand that the JACYWE and its staff are not responsible for my child's safety after this time.  Walkers/bikers and those taking public transportation are not to leave the JACYWE before program end time unless a signed note has been sent by the parent.  Parent/Guardian Initials:                                   |
| Field Trip Consent I give permission for my child to attend programs and participate in off-site trips if they apply. I understand that the staff will take every precaution and care to ensure my child's safety. Adults accompanying the group will provide proper supervision and will exercise every precaution to avoid accidents. By signing below, I am granting my child permission to attend field trips and agree to the terms discussed above.  Parent/Guardian Initials: |
| Photography Release I give permission for JACYWE staff to take photographs of my child during programs for potential use in future promotional materials  Parent/Guardian Initials:  |
| Food and Drink Consent I give permission for JACYWE staff to give my child food or drink as part of the program Parent/Guardian Initials:  |
| I have read and understand the information presented in this packet. I agree to cooperate with all JACYWE procedures and regulations.  |
| I have attached a cheque made out to the 'Jean Augustine Centre for Young Women's Empowerment I have paid cash   |
| Parent/Guardian Signature: Date:   |