

# Summer Camp Registration Form

Please check week number and time.

WEEK	MON	TUES	WED	THUR	FRI	FULL DAY/ HALF DAY			Extended Hours
1	July 5	6	7	8	9		9-4pm		9-noon
2	July 12	13	14	15	16		9-4pm		9-noon
3	July 19	20	21	22	23		9-4pm		9-noon
4	July 26	27	28	29	30		9-4pm		9-noon
*5	<del>Aug 2</del>	3	4	5	6		9-4pm		9-noon
6	Aug 9	10	11	12	13		9-4pm		9-noon
7	Aug 16	17	18	19	20		9-4pm		9-noon
8	Aug 23	24	25	26	27		9-4pm		9-noon
9	Aug 30	31	Sept 1	2	3		9-4pm		9-noon

\*Week 5 is shorter by one day due to the statutory holiday Monday.

## CHILD INFORMATION

Surname: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_  
 Given Names: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (D/M/Y) Age: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_

## FIRST PARENT/GUARDIAN INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECOND PARENT/GUARDIAN INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation?  Yes  No

If "yes" what are the arrangements? \_\_\_\_\_  
 \_\_\_\_\_

Copy of Custody Order Provided:  Yes

**EMERGENCY CONTACT**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Does your child have allergies, medical concerns, or food restrictions that we should be aware of?

Yes  No If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Does your child carry an Epi-pen?  Yes  No

How did you here about our programs?

Website  Era Banner  Yellow Pages  Park & Rec  Month Ahead  Got My Kids  Other

**Informed consent agreement:**

- I, the undersigned, hereby agree to indemnify and save harmless The Tumble Tot Co. of Newmarket, their/its officers, instructors, coaches, employees, members and clubs against all claims, demands, damages, actions, suits or proceedings arising out of participation of myself/my child, named above, in any gymnastic activity.
- I, the undersigned, hereby acknowledge that certain risk of injury are inherent to participation in hand on science, arts and physical fitness & gymnastics activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions of others, or combination of both.
- I, hereby warrant that my child is physically fit to participate and understand that the choice to participate brings with it the assumption of those risk and results which are part of these activities.
- I grant permission for my child to participate in all childcare activities and any supervised offsite trips.
- I agree to allow my child to receive basic first aid/medical care from instructors/coaches certified in first aid if necessary.
- The Tumble Tot Company reserves the right to use photographs of members for promotional purposes. If you do not wish your child's photograph to be taken please notify The Tumble Tot Company in writing.
- Refund will not be given. A credit will be applied to another camp week for medical reasons only if the request is made in writing and accompanied by a doctor's note. A charge of \$30.00 will be levied on all NSF cheques.
- I declare having read and understand the above informed consent agreement in its entirety and hereby consent to participate acknowledging all the foregoing. I also certify that the information provided in this form is, to my knowledge true and complete.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

This registration form must be signed and completed in full accompanied by the appropriate fees before it will be considered for acceptance. Cheques only please, payable to The Tumble Tot Company.

The Tumble Tot Company, 1-1166 Gorham Street, Newmarket, ON L3Y 8W4 Ph: 905-836-6401 Fax: 905-952-9216

OFFICE USE ONLY			DATE	
CAMP FEE	DISCOUNT	G.S.T.	CHQ #	TOTAL