

Grand Bend Youth, Art, and Community Centre: 2019 Youth Camps
brought to you by GBYACC and Grand Bend Optimists

**FORMs to be PRINTED, FILLED IN, SCANNED and sent back to
register@ gbartcentre.com**

Name of child _____ Gender ___ Birthdate _____
Home address _____ City _____ Postal Code _____
Home/Main phone # _____ family e-mail _____
Names of parents/guardians;
_____ Relationship _____ Phone _____
_____ Relationship _____ Phone _____

IS THERE A CUSTODY ARRANGEMENT THAT WE NEED TO BE AWARE OF? If so, please let us know in the following blank

HEALTH

Local and emergency contact information Health Card # _____

Contact 1 _____ Relationship _____
Daytime phone _____

Contact 2 1 _____ Relationship _____
Daytime phone _____

Allergies: _____, Severity Mild Moderate

Treatment/Medication location: eg. Epi-pen in fanny pack _____

Other medical conditions: _____

Camp Attending \$ 200/week, \$45/day

Week 1: Sunken Treasure July 8 - 12 Attending full week M T W Th F

6 - 12 year olds

Week 2: No Prob Bob July 15 - 19 Attending full week M T W Th F

6 - 12 year olds

Week 3: Music w. Jimmy July 22 - 26 Attending full week M T W Th F

8 - 12 year olds

Week 4: In the Kitchen July 29 - Aug 2 19 Attending full week M T W Th F

Week 5: Games Aug. 6 - Aug 9 Attending **4 days** T W Th F

Week 6: Creative Campers Aug 12 - Aug 16 Attending full week M T W Th F

Grand Bend Youth, Art and Community Centre Agreement Form
to be printed, completed, signed, scanned and sent to register@gbartcentre.com.

I, _____ (Legal guardian/parent) agree that,

___ _____ will drop off my child/ren for the 10:00 am start time and pick him/her up for the 3 pm end time. If _____ is unable to do so, I will notify the GBYC in person, by phone, e-mail, or hand-written note who will do so instead.

___ I am aware of the age limits for the camp 6 - 12 with the exception of music camp which is 8 - 12

___ My child/ren may be photographed in various camp activities for the purpose of program souvenirs and/ or publicity

___ My child/ren have permission to participate in various supervised excursions, within the local village (ie planned walks/activities at nearby nearby locations). I will be notified in advance of any field trips.

___ My child/ren have permission to participate in supervised water activities such as water balloon fights or use of the splashpad

___ My child has permission to walk to/from the Youth Centre by themselves.

___ I will provide written notice of any change in health conditions, injuries or medications carried by my child that could affect their safe participation.

___ I understand that I will be responsible for any costs incurred due to ambulance or medical fees.

___ I understand that it is my responsibility to provide my child with sunscreen, hats, towels, and snacks.

___ I understand that my child is expected to be responsible for his or her actions; be respectful of others and of their belongings; will follow instructions; be responsible for their environment. Unacceptable behaviours such as harassment, bullying, or non-compliance, maybe dismissed from the program. Actions which place themselves or others at risk will result in dismissal. Refunds will not be granted for dismissal before the end of the program/week.

___ I understand that the refund policy is as follows:

Request for refunds must be made at least one week prior to the start of the selected program and are subject to a \$25 administration fee. Refunds will not be issued if a participant is sent home due to misconduct. A \$25 charge will be applied to all NSF's.

___ The Grand Bend Art Centre, the servants, and agents of the same are not held responsible for any legal liability for losses, damages, claims ,injuries, demands, suits, costs which may arise.

I have read the GBYACC agreement form and am aware of my and my child's responsibilities.

Signature _____ Date _____

