

REGISTRATION FORM: LAKESHORE SUMMER CAMP

July 5 to August 27, 2010

Monday through Friday – 9 a.m. to 4p.m. daily (extended hours 8am to 5pm)

Location - Puce Sports and Leisure Centre



Please complete and mail application with payment(s) to Town of Lakeshore,
419 Notre Dame Street , Belle River, Ontario NOR IAO att: Community Services Dept.

JUNIOR CLUB – 4-7 years of age Please circle or check off your choice

- Spectacular Summer sports July 5-9
- Safety First Week July 12-16
- Succulent Surprise Week July 19-23
- Rising Stars Week July 26-30
- Crazy Games Week Aug 3-6
- Comedian Week Aug 9-13
- Worldly Travels Week Aug 16-20
- Summer Soaker Week Aug 23-27

Fully
Trained
in high
Five
Quality
at Play
Standards
and
First
Aid/CPR
Level 'C'

SENIOR CLUB – 8-10 years of age Please circle or check off your choice

- Spectacular Summer Sports July 5-9
- Learn to be a Leader July 12-16
- Succulent Surprise Week July 19-23
- Rising Stars Week July 26-30
- Community Week Aug 3-6
- Comedian Week Aug 9-13
- Worldly Travels Week Aug 16-20
- Summer Soaker Week Aug 23-27

Visit the Puce Sports and Leisure Centre to register

Registration forms on line at www.pucerecentre.com or contact Recreation Services at 727-0470



- REGISTRATION FEE: \$80.00 weekly and/or \$20.00 daily rate per child
CASH-DEBIT-CREDIT CARD PAYMENTS ONLY



**** Please note: daily registrants must register in advance of three days to ensure availability. Weekly registrants are due by the Friday prior to the week attending. Late fees may apply. Thank you for your cooperation.**

- MAXIMUM CAPACITY 50 CHILDREN PER LOCATION WEEKLY
- NO CAMP AUGUST 2, CIVIC HOLIDAY

The registration fees are due upon registration. No refunds will be considered for non-participation once registration forms are submitted and paid for. Children must remain in the program area until the specified time unless the leaders are supplied with written permission of the parent/guardian to leave early. Daily sign in and sign out procedures apply for all children with comments provided if someone other than person dropping off in am.

On schedule field trip days – due to high response of attendance on trips, no staff will remain on site for children not wishing to participate. All children are expected to be active participants in the program, unless the leaders are advised otherwise by a parent/guardian. In order for the program to be a success, it is very important that the leaders be in control at all times and have the total cooperation of all the children.

Behavioural problems will be dealt with as follows:

- 1) If a child is found to be continuously disruptive and will not participate in scheduled activity, the parent/guardian will be notified at day's end.
- 2) If misbehaviour is repeated after the above efforts have been exercised, the child will not be allowed to return to the program.

UNCONTROLLABLE BEHAVIOUR, BULLYING OR WILLFUL HARM TO OTHER CHILDREN AND/OR PROGRAM LEADERS WILL NOT BE TOLERATED. THE CHILD WILL THEREFORE BE SUSPENDED IMMEDIATELY AND NO REFUND ISSUED. By everyone working collaboratively, the activities can be memorable for both children and program leaders.

I have read the above and I am aware of the terms and conditions set forth in the above.

Date: _____ Name of guardian : _____

Signature: _____

- Junior Fun Club – Ages 4 – 7
(Ages 4 years: must currently be registered and attending JK program)
- Senior Fun Club – Ages 8 – 10

Child's Name: _____

Birth date _____ Age: _____

Full mailing address _____

Email Address: _____

Parent's/Guardian's name: _____

Phone: _____ Cell: _____

Alternate Emergency Phone Number: _____

Is an adult home while your child is participating in the program?

Yes _____ No _____

If not, is there a home your child can go to in case of program closure, behaviour problems or if an emergency may arise:

Name: _____ Relationship: _____

Address: _____ Phone#: _____

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD RELATED OR ENVIRONMENTAL AND/OR MEDICAL CONCERNS/NEEDS/MEDICATION): yes _____ no _____

Describe: _____

Impairments/Disabilities/Other yes: _____ **none:** _____ **Describe:** _____

Ontario Health Insurance card # _____ **(for injuries/sickness requiring emergency response, 911 will be called immediately and parent notified immediately) For non-emergency injuries/sickness, parents will be notified by phone by Supervisor in charge.**

PEANUT ALERT!!- No peanut products please-we are asking that no peanut products be brought to the program in lunches or snacks.

***Please note-all activities that involve leaving the premises such as a scheduled field trip will require a separate authorization form completed by all participants. Payment of the field trip transportation is included in the registration fee. Lunches available on field trips are not covered in registration cost. From time to time, staff do take photos of the children and post in program locations for view and on occasion for publication in Lakeshore's annual recreation guide. We therefore request your input prior to the program date should this be of concern to your family. The above mentioned child has my permission to join in the summer park program listed above. I will provide his/her transportation to and from the program. The above mentioned child will remain in the program area until the specified time unless supplied with written permission of the undersigned to leave early along with the name of individual picking up the child other than regular parent/caregiver. It is also understood that the participants will be properly supervised and that reasonable safety precautions will be taken. I am also aware that there are always risks associated with any physical activities resulting from my child participating in the program. Having knowledge of these risks and in being allowed to participate in the program, I hereby assume all risk of injury, damage and liability arising from such activities or use of any equipment and hereby release the Town of Lakeshore, its officials, employees and agents and waive any right of recovery I might have to bring a claim or lawsuit against them for any personal injury, death or other consequence occurring to my child/children as a result of their voluntary participation in the activities being registered for.

Date: _____

Print Name of authorizing Parent/Guardian: _____

Signature of authorizing Parent/Guardian: _____

****Please note: The staff will not be held responsible for items left behind or lost – children will be reminded to keep track of their personal items at all times.*

Contact information for the Summer Park Program:

Program Supervisor – Mariette Renaud – 519-727-0470 Cell – 791-6945

Program Assistant – Mercedes Phalavong – 519-727-0470

Site contact: Puce Sports and Leisure Centre – 519-727-0470