

# ASM SUMMER DAY CAMP

## Registration form

July 12<sup>th</sup> to July 23<sup>rd</sup> 2010

ARYA SAMAJ MARKHAM  
4345 14<sup>th</sup> Avenue, Markham, ON. L3R 0J2  
Tel.: (905) 475- 5778 Fax: (905) 475- 2883

### PERSONAL INFORMATION:

Child/children names \_

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's name \_\_\_\_\_ Phone # (w) \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone# (w) \_\_\_\_\_

Home phone : \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: House/Apt # \_\_\_\_\_ Street \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Add: \_\_\_\_\_

### CAMP FEE:

ASM Members: \$ 150 + Food: \$30= \$ 180 per child Total \$

Non ASM Members \$ 210 + Food: \$30= \$ 240 per child \_\_\_\_\_

Extended day care: \$5/dayX \_\_\_\_\_ Amount: \_\_\_\_\_

( 8:00 am to 9:00 am and/or 4:00 pm to 5:30 pm )

TOTAL AMOUNT \$ \_\_\_\_\_ Cash  Cheque

### CAMPER'S INFORMATION:

Child Name	Date of Birth (dd/mm/yyyy)	Age	Doctor's name & Telephone #	Health card #
1.				
2.				

3.				
----	--	--	--	--

Name any allergies your child has:

Name \_\_\_\_\_ Food \_\_\_\_\_ Drugs \_\_\_\_\_ Insects \_\_\_\_\_ Others \_\_\_\_\_

Does your child carry an epipen ? Yes  No

Is there any other information that you would like us to know about your child/children? i.e. physical, social etc.

---



---

Persons to be contacted if parents cannot be reached:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone#:	Phone#:

Persons authorized to pick up the child from the camp:

Name:	Name:
Phone#:	Phone#:

In consideration of the acceptance of my child for the ASM Summer Day camp, on my behalf and my child's behalf, I accept all risks and agree that Arya Samaj Markham nor the Regional Municipality of York shall be liable in any manner whatsoever for any damages resulting from any injury to my child, however caused, including by any act of negligence. I also agree to indemnify Arya Samaj Markham and the regional Municipality of York with respect to any claim or action which may be brought against them by or on behalf of, my child. I also give permission for my child to participate in recreational swimming and to participate in field trips organized by the summer day camp. I authorize the camp to take photos or videos of my child for promotional purposes of Arya Samaj, Markham.

Date:

Parent/Guardian Name

Signature