

ASM SUMMER DAY CAMP

Volunteer application
July 12th – July 23rd, 2010
ARYA SAMAJ MARKHAM
4345 14th Avenue, Markham, ON. L3R 0J2
Tel.: (905) 475- 5778, Fax: (905) 475- 2883

PERSONAL INFORMATION:

Volunteer's name _____ Cell phone # _____

Father's name _____ Phone # (w) _____

Mother's name _____ Phone # (w) _____

Home phone # _____ Cell phone # _____

Address: House/Apt. # _____ Street _____

Town _____ Postal Code _____

Email: _____

VOLUNTEER'S INFORMATION:

Health Card Number	Date of Birth (dd/mm/yyyy)	Sex M/F	Week one	Week two	AGE

DOCTOR'S INFORMATION:

Name _____ Phone # _____

Name any allergies you have:

Food _____ Drugs _____ Insects _____ Others _____

Person to be contacted in case of emergency other than parents

Name:
Relationship:
Address:
Phone#:

What skills can you contribute towards the camp?

List your special interests.

What prior experience do you have working with the children?

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
