

2011 SUMMER PROGRAM REGISTRATION FORM

COMPLETE REGISTRATION FORM THOROUGHLY

NO CHILD SHALL BE REGISTERED UNLESS REGISTRATION FORM AND PAYMENT ARE RECEIVED



PARTICIPANT INFORMATION (ONE REGISTRATION FORM PER PARTICIPANT)

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____
(Number & Street)

(City) (Postal Code)

HOME PHONE NUMBER: _____

DATE OF BIRTH: _____
(MM / DD / YY)

SEX: F: _____ M: _____

HEALTH CARD NUMBER: _____

EMAIL ADDRESS: _____

DOCTOR: _____

PHONE NUMBER: _____

DISABILITIES: _____

ALLERGIES: _____

ON MEDICATION: YES _____ NO _____ DETAILS: _____

MOTHER'S NAME: _____

WORK NUMBER: _____

FATHER'S NAME: _____

WORK NUMBER: _____

ALTERNATE CONTACT: _____

PHONE NUMBER: _____

PARTICIPATION WAIVER:

This signed consent form allows your child to participate in all supervised activities listed on this registration form. The City of Stratford Community Services Department is not responsible for any claim, loss, injury or damage to persons or to property, suffered during supervised activities.

PARENT/GUARDIAN INITIALS: _____

PHOTO WAIVER:

I give permission to the City of Stratford and the media to photograph and / or videotape my child for use in any future promotional material without compensation.

PARENT/GUARDIAN INITIALS: _____

EMAIL WAIVER:

I would like to receive a monthly email on upcoming youth programs. Email address shall not be used or disclosed for purposes other than those for which it was collected.

PARENT/GUARDIAN INITIALS: _____

NOTICE OF COLLECTION:

Personal information contained on this form is collected under the authority of the Municipal Act and will be used by City Staff for the purpose of administering recreational programs for the Community Services Department in the City of Stratford. Questions regarding the collection of this information may be directed to the Manager of Recreation & Marketing – Stratford Community Services Department, 519-271-0250, ext. 286 during business hours.

(Parent / Guardian Signature)

(Date)

PAYMENT: Cash _____ Cheque (**Payable to: CITY OF STRATFORD**) _____ Receipts will be mailed out

RETURN TO STRATFORD ROTARY COMPLEX (353 McCarthy Road) ALONG WITH PAYMENT

2011 SUMMER PROGRAMS

SUMMER DAY CAMP (insert extended hours, if required)

	<u>Session Dates</u>	<u>Site Location</u>	<u>Extended Hours</u>	<u>Cost</u>
1	July 4 – July 8			\$100.00
2	July 11 – July 15			\$100.00
3	July 18 – July 22			\$100.00
4	July 25 – July 29			\$100.00
5	Aug. 2 – Aug. 5 (NOT Aug. 1 Civic Day)			\$80.00
6	Aug. 8 – Aug. 12			\$100.00
7	Aug. 15 – Aug. 19			\$100.00

SUMMER DAY CAMP TOTAL: _____

LAST DAYS OF SUMMER (insert extended hours if required)

	<u>Session Dates</u>	<u>Site Location</u>	<u>Extended Hours</u>	<u>Cost</u>
8	Aug. 22 – Aug. 26			\$100.00
9	Aug. 29 – Sept. 2			\$100.00

LAST DAYS OF SUMMER TOTAL: _____

LIONS POOL PROGRAM (Indicate level, time & cost)

	<u>Time</u>	<u>Cost</u>
SESSION 1	July 4 – July 15	

LEVEL:

SESSION 2 July 18 – July 29

LEVEL:

SESSION 3 August 1 – August 12

LEVEL:

SESSION 4 August 15 – August 26

LEVEL:

SWIM TEAM (ALL summer – Mon/Wed/Fri - 8am-9am AND Tues/Thurs - 4pm – 5pm) \$90.00

LIONS POOL PROGRAM TOTAL: _____

SUMMER PROGRAMS TOTAL: _____