



WEST ISLAND STRIKE DAY CAMP

YOUTH STARS Dance – Arts – Karate – Library Time– Dance Party

WEDNESDAY, DECEMBER 9TH, THURSDAY, DECEMBER 10TH, & FRIDAY, DECEMBER 11TH, 2015

CAMP LOCATION:

At H4L Dance Studios
13950 Boul.Gouin West, Pierrefonds,Qc
(near CLSC Pierrefonds)

MAIN CONTACT

LAST NAME:	FIRST NAME:	GENDER: M F
HOME PHONE:	CELL PHONE:	WORK PHONE:
ADDRESS:	CITY:	POSTAL CODE:
EMAIL:		

SECONDARY CONTACT

LAST NAME:	FIRST NAME:	GENDER: M F
HOME PHONE:	CELL PHONE:	WORK PHONE:
ADDRESS:	CITY:	POSTAL CODE:
EMAIL:		

** Is this person authorized to pick up your child : Yes or NO

CAMPER INFORMATION

LAST NAME:	FIRST NAME:	GENDER: M F
BIRTHDATE (MM/DD/YY):		
ADDRESS:	CITY:	POSTAL CODE:
MEDICARE#:	EXPIRY DATE:	AGE

HEALTH HISTORY AND PERSONAL INFORMATION

The more information you can provide, the better we can meet the needs of your child.
You may also write us more details on a separate sheet of paper, if you wish to do so.
Please be assured that whatever information you provide us with will be treated with confidence and respect.

ALLERGIES: _____ CARRIES EPI-PEN: Y N WEARS MEDIC-ALERT BRACELET: Y N
 ILLNESS, CONDITION OR INJURY: DIETARY _____
 NEEDS OR RESTRICTIONS: MEDICAL OR _____
 BEHAVIOURAL CONDITIONS: _____
 PLEASE EXPLAIN ANY DETAIL ROUTINES, MEDICATIONS, ADAPTATIONS
 ETC...: _____

DOES YOUR CHILD REQUIRE 1-1 SUPPORT WHILE AT CAMP? _____

WHERE DID YOU HEAR ABOUT THE YOUTH STARS CAMP?

WEB NEWSPAPER CAMP FAIR SCHOOL FRIEND RETURNING CAMPER
 OTHER PLEASE EXPLAIN: _____

ALTERNATE/EMERGENCY PICK UP

This is a person who is authorized to pick up your child and can be contacted by Youth Stars Camp Staff when the parent/guardian can't be reached.

ALTERNATE CONTACT # 1

LAST NAME: _____ FIRST NAME: _____ GENDER: M F
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

ALTERNATE CONTACT # 2

LAST NAME: _____ FIRST NAME: _____ GENDER: M F
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

CAMP REGISTRATION FEE

CAMP REGISTRATION FEE: 25\$ Per Day 9:00am-4:00pm

I AM REGISTRATING MY CHILD FOR
WEDNESDAY DECEMBER 9TH _____
THURSDAY DECEMBER 10TH _____
FRIDAY DECEMBER 11TH _____

LUNCH

Please Provide 2 snacks, water bottle and a complete lunch for your child every day. (more snacks are encouraged, as the children are very active throughout the day)

DAYCARE INFO

DAYCARE FEE : 5\$ per DAY morning, evening or both

Please indicate the days you will require daycare for your child.
Also, please indicate if camper will require morning daycare (7:30 – 9:00) And/ or evening daycare (16:00-18:00)

DAYCARE LATE PICK-UP

A Fee of \$1.00/per minute after 6:05pm will be charged for late pick-ups.
Please contact camp administration for any unforeseen circumstances and late pick-ups (514)800-9746

WEDNESDAY A.M. _____ P.M. _____
THURSDAY A.M. _____ P.M. _____
FRIDAY A.M. _____ P.M. _____

CLOTHING

Please make sure your child wears appropriate clothing for physical activities – running shoes are mandatory for all activities.

also, please send you're your child/children to camp with adequate outdoor clothing – hats, gloves, snowsuit, boots etc...

WHERE DID YOU HEAR ABOUT THE CAMP? _____

CANCELLATION & LATE FEES

Camp Registration

The Youth Stars Foundation reserves the right to cancel the Camp for which there is insufficient registration or due to unforeseen circumstances; in such a case, a full refund will be given.

No refunds will be given once your child is registered .

There will be a fee of **\$30.00 for any check returned** by the bank.

DAYCARE LATE PICK-UP

A Fee of \$1.00/per minute after 6:05pm will be charged for late pick-ups.

Please contact camp administration for any unforeseen circumstances and late pick-ups (514)800-9746

TOTAL PAYMENT

CAMP FEE: _____

DAYCARE FEE: _____

TOTAL DUE: _____

I WISH TO PAY BY: CHECK: _____ CASH: _____ PAY PAL: _____

ALL MONIES MUST BE RECEIVED AT THE SIGNING OF THIS FORM, FOR CHILD TO BE CONSIDERED REGISTERED.

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

I the parent/Guardian of the above named child hereby consent that he/she may participate in any and all of the Youth Stars Camp activities. I hereby release and discharge the Youth Stars Foundation, its organizers and its directors and any and all volunteers from any and all future claims or demands for loss, damage or bodily injuries which may result directly or indirectly from participation in the said activity.

PHOTO AND VIDEO CONSENT

Youth Stars Foundation Camp reserves the right to **photograph** and **videotape my child's** classes and/or activities, artwork and/or performances and use them to future publicize our camps & programs.

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by Youth Stars with a designated contact cannot be made, I hereby authorize and grant permission to Youth Stars staff to secure proper medical treatment and authorize on the registrants behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold Youth Stars responsible for any costs or injury arising out of an emergency situation.

By signing this document, I have fully read and agreed to all the terms in this document.

Parent / Guardian: _____
(Please Print Full Name)

Date: _____

Parent / Guardian: _____
(Signature)

Infomation: Youth Stars Foundation 514-800-9746

Email: info@youthstars.org (Please Scan and send back this form)