



**YOUTH STARS WEST ISLAND WINTER BREAK CAMP 2016-2017
REGISTRATION FORM
DECEMBER 26 –DECEMBER 30th 2016
&
JANUARY 2 – JANUARY 6th, 2017**

LOCATION: H4L DANCE STUDIOS 13950 Boul Gouin O, Pierrefonds, QC H8Z 1X9

MAIN CONTACT

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

PLEASE PRINT CLEARLY

SECONDARY CONTACT/ALTERNATE

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 _____ NO _____

CAMPER INFORMATION

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

WHAT IS THE NAME OF YOUR CHILD'S SCHOOL? _____

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: _____

RELEVÉ 24 – AND CHILD FITNESS TAX CREDIT

Day camp fees are tax deductible. Please give the office either the father's **OR** mother's social insurance number and full name as it appear on their social insurance card for tax receipt purposes. (Relevé 24) **PLEASE PRINT CLEARLY**

Parent Name: _____

S.I.N # _____

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

\$25 PER DAY

OR

\$100 PER WEEK (BEFORE NOVEMBER 21st, 2016)

PLEASE INDICATE THE DAYS OR THE FULL WEEK

WEEK # 1

MONDAY, DECEMBER 26th _____
TUESDAY, DECEMBER 27th _____
WEDNESDAY, DECEMBER 28th _____
THURSDAY, DECEMBER 29th _____
FRIDAY, DECEMBER 30th _____
THE WHOLE WEEK _____

WEEK # 2

MONDAY, JANUARY 2nd _____
TUESDAY, JANUARY 3rd _____
WEDNESDAY, JANUARY 4th _____
THURSDAY, JANUARY 5th _____
FRIDAY, DECEMBER 6th _____
THE WHOLE WEEK _____

DAYCARE FEES @ \$6.00 per DAY

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)

Mondays	A.M. _____	P.M. _____
Tuesdays	A.M. _____	P.M. _____
Wednesdays	A.M. _____	P.M. _____
Thursdays	A.M. _____	P.M. _____
Fridays	A.M. _____	P.M. _____

CANCELLATION & LATE FEES

Camp Registration

The YSF Summer Camp 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.

There will be a **50% cancellation fee** per child, for any emergency cancellation. **No refund** will be given after the first day of camp. 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 18:05 will be charged for late pick-ups.

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

PAYMENT OPTIONS

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT PLAN OPTIONS:

CASH CASH PAYMENT SAME DAY AS REGISTRATION

CHEQUE PAY FULL AMOUNT BY CHEQUE DATED THE SAME DAY AS REGISTRATION FORM
PLEASE MAKE CHECK PAYABLE TO YOUTH STARS FOUNDATION.

ONLINE **ONLINE PAYMENTS MUST BE PAID IN FULL (VIA PAYPAL OR CREDIT CARD)**
WWW.YOUTHSTARS.ORG 5% surcharge will be applied

Interac E-Transfer: - Send us an email to info@youthstars.org with the answer to your “secret question” and your child’s name. and then your e-transfer. Please email registration form.

TOTAL PAYMENT

CAMP FEE:\$ _____

DAYCARE:\$ _____

TOTAL AMOUNT DUE:\$ _____

AMOUNT PAID AT REGISTRATION:\$ _____

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)

Information: Youth Stars Foundation 514-800-9746

Email: info@youthstars.org

Website : www.youthstars.org