



**YOUTH STARS SPORTS, ARTS & DANCE MARCH BREAK CAMP 2017  
REGISTRATION FORM MARCH 6th – MARCH 10th, 2017**

**AT TERRY FOX ELEMENTARY SCHOOL 13350 Rue Purcell, Pierrefonds, QC H8Z 1P7**

**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

\$79.99 + \$10 ADMINISTRATION FEE BEFORE DECEMBER 12, 2016  
\$89.99 + \$10 ADMINISTRATION FEE BEFORE JANUARY 31, 2017  
\$99.99 + \$10 ADMINISTRATION FEE BEFORE MARCH 31st, 2017  
\$110.00 + \$10 ADMINISTRATION FEE After MARCH 1st, 2017

## DAYCARE FEES @ \$7.00 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)

Monday	A.M. _____	P.M. _____
Tuesday	A.M. _____	P.M. _____
Wednesday	A.M. _____	P.M. _____
Thursday	A.M. _____	P.M. _____
Friday	A.M. _____	P.M. _____

## CANCELLATION & LATE FEES

### Camp Registration

The YSF 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 FULL 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](http://WWW.YOUTHSTARS.ORG)

**Interac E-Transfer:**  Send us an email to [info@youthstars.org](mailto:info@youthstars.org) with the answer to your “secret question” , your child’s name and then your e-transfer + registration form

## TOTAL PAYMENT

CAMP FEE:\$ \_\_\_\_\_

DAYCARE:\$ \_\_\_\_\_

ADMINISTRATION FEE: \$10 \_\_\_\_\_

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](mailto:info@youthstars.org)