



## TNO-The Neighbourhood Organization - March Break Camp 2019 Registration Form

Form can be printed and filled out prior to registration at 45 Overlea Blvd. Unit 108. In Person Registration starts

**\$10 per child Non-refundable Fee! Campers MUST Provide Own Lunch Each Day of Camp**

Camp #	Camp Location	Age Group	Dates	Days	Time	
1	Middle Years - Co-Ed Middle Years	Thornccliffe Park Public School	7-12 years	March 11th, 12th, 13th, 14th & 15th, 2019	Mon-Fri	9:30-3:30
2	Middle Years - Co-Ed Middle Years	Valley Park Middle School	7-12 years	March 11th, 12th, 13th, 14th & 15th, 2019	Mon-Fri	9:30-3:30
3	Girls Only	Thornccliffe Park Public School	9-13 years	March 11th, 12th, 13th, 14th & 15th, 2019	Mon-Fri	9:30-3:30
4	Youth-Co-Ed	Thornccliffe Park Public School	10-14 years	March 11th, 12th, 13th, 14th & 15th, 2019	Mon-Fri	9:30-3:30
5	VIP (Leadership Program)	Thornccliffe Park Public School	15+	March 11th, 12th, 13th, 14th & 15th, 2019	Mon-Fri	9:30-3:30

<b>Primary Contact</b>		Mother / Father / Caregiver / Legal Guardian / Grandparent - please circle			
First Name	Last Name	Email Address			
Street Number	Street Name	Suite/Unit #	Postal Code		
Main Contact - Phone Number Home/Cell			Alternate Contact #		

<b>Secondary Contact</b>		Mother / Father / Caregiver / Legal Guardian / Grandparent - please circle			
First Name	Last Name	Email Address			
Street Number	Street Name	Suite/Unit #	Postal Code		
Main Contact - Phone Number Home/Cell			Alternate Contact #		

<b>EMERGENCY CONTACT &amp; PERSON TO WHOM CHILD MAY BE RELEASED:</b>		(This person shouldn't be the Parents)			
First Name	Last Name	Parent or Designate (minimum 16 years of age) is required to drop off and pick up participant from each day of Co-Ed Middle Years (Camps 1 & 2)			
Relationship to Child					
Main Contact - Phone Number Home/Cell			Alternate Contact #		

<b>Child 1</b>						
First Name	Last Name	Age	DOB (dd/mm/yyyy)	Male /Female	# of Camp Requested	
Health History-General Health	Health Card #	Family Doctor	Phone Number			

List any allergies (food, nuts, medications, etc), recent illnesses or hospitalizations	List any medications administered

List any food restrictions:	

Child 2						
First Name	Last Name	Age	DOB (dd/mm/yyyy)	Male /Female	# of Camp Requested	
Health History-General Health	Health Card #	Family Doctor	Phone Number			
List any allergies (food, nuts, medications, etc), recent illnesses or hospitalizations			List any medications administered			
List any food restrictions:						
Child 3						
First Name	Last Name	Age	DOB (dd/mm/yyyy)	Male /Female	# of Camp Requested	
Health History-General Health	Health Card #	Family Doctor	Phone Number			
List any allergies (food, nuts, medications, etc), recent illnesses or hospitalizations			List any medications administered			
List any food restrictions:						
Medical, Photo & Media Consent and Consent to Participate in "off-site" Field Trips or Excursions						
<b>MEDICAL CONSENT</b>						
By signing this registration form, I hereby give permission that in case of emergency, medical treatment will be provided to your child/youth by the physician selected by TNO-The Neighbourhood Organization. Treatments may include hospitalization, order injections, blood transfusions, anesthetics, or any treatment as noted to be needed by the physician caring for the child. Transportation may be included to the nearest hospital emergency department, with no liability to the driver, staff, or TNO-The Neighbourhood Organization.						
<b>MEDIA RELEASE and CONSENT</b>						
Legal Name: _____						
TNO-The Neighbourhood Organization, and/or partners may record, film, photograph, audiotape or videotape my/my child's name, image, program work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TNO website, posting on social media sites and/or for broadcasting on television or radio as determined by TNO-THE NEIGHBOURHOOD ORGANIZATION.						
I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works. I understand that the Works may appear in electronic form on the internet or in other publications outside of the TNO's control. I agree that I will not hold the TNO responsible for any harm that may arise from such unauthorized reproduction.						
<input type="checkbox"/> Please mark this box if you AGREE that your child/children may participate in recorded TNO programs						
<input type="checkbox"/> Please mark this box if you DO NOT WISH your child/children to participate in recorded TNO programs						
<i>*This consent is valid unless revoked in writing. All information pertaining to our clients is held in the strictest confidence and is available to the client to whom it applies.</i>						
If you have any questions regarding the collection of this information, please contact						
Ahmed Hussein, Executive Director, TNO-The Neighbourhood Organization, 1 Leaside Park Drive Unit #7 Toronto, ON M4H 1R1 or 416- 467-0126 Ext 232						
<b>Off-Site Field Trips/Excursions</b>						
Your child(ren) may be participating in off-site excursions (ie. field trips, to a local park etc). By signing the registration form I hereby authorize my child(ren) to participate in such field trips and to travel to such location by either, foot, public transit or chartered bus. Parents will be made aware of the trip/excursion destination prior to each 'event'.						
Initial Below	<b>March Break Camp Information</b>					
	Hours - Parent/Guardian agree to the camp hours set out.					
	Participants are required to bring their own NUT-FREE lunch and a refillable water bottle.					
	Participants must be dressed appropriately for the day's activities and for the weather and have a change of clothes each day.					
	Participants may be involved in "Camp" media material (photos, video etc).					
I agree with & will accept all requirements and consents of TNO-The Neighbourhood Organization March Break Camp program for each child/youth registered.						
Signature: _____		Date: _____		TNO Witness Signature: _____		
(Client is 18 or over or Parent/Guardian signature)						
Office Use Only						
Date Form Received		Payment Received by (Staff Name)	Amount Received	Information Entered	Parent Called	