



TNO-The Neighbourhood Organization - Summer Camp 2019 Registration Form

Form can be printed and filled out prior to registration at 45 Overlea Blvd. Unit 108. In Person Registration starts May 27th, 2019

\$10 per child Non-refundable Fee!

Camp #	Camp Location	Age Group	Dates:Session 1	Dates:Session 2	Time	
1	Middle Years Co-Ed	Thornccliffe Park Public School	7-12 years	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30
2	Middle Years Co-Ed	Thornccliffe Park Public School	7-12 years	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30
3	Middle Years Co-Ed	Valley Park Middle School	7-12 years	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30
4	Youth Girls Only	Thornccliffe Park Public School	9-11 years	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30
5	Youth Girls Only	Thornccliffe Park Public School	12-14 years	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30
6	Youth Co-ed	Valley Park Middle School	10-14 years	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30
7	VIP (leadership)	Thornccliffe Park Public School	15+	Tuesday, July 2- Friday, July 19	Monday, July 29-Friday, Aug 16	9:30-3:30

Primary Contact 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 #	

Secondary Contact 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 #	

EMERGENCY CONTACT & PERSON TO WHOM CHILD MAY BE RELEASED:			(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 & 3)	
Relationship to Child			
Main Contact - Phone Number Home/Cell		Alternate Contact #	

Child 1						
First Name	Last Name	Age	DOB (dd/mm/yyyy)	Male /Female	# of Camp Requested	Session #
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	Session #
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	Session #
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

MEDICAL CONSENT

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.

MEDIA RELEASE and CONSENT

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.

Please mark this box if you **AGREE** that your child/children may participate in recorded TNO programs

Please mark this box if you **DO NOT WISH** your child/children to participate in recorded TNO programs

**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.*

If you have any questions regarding the collection of this information, please contact Ahmed Hussein, Executive Director, TNO-The Neighbourhood Organization, Leaside Park Drive, Unit #7 Toronto, ON M4H 1R1 or 416-467-0126 Ext 232

1



Swim to Survive Lessons Consent

At TNO Summer Camp the Lifesaving Society is offering free survival swimming lessons at Leaside Outdoor Pool. Your child(ren) will receive 3 Swim to Survive lessons during the camp session.

I, _____ (please print name of parent/guardian) hereby agree and give my permission for my child(ren) to participate in the Swim to Survive program at Leaside Outdoor Pool.

Off-Site Field Trips/Excursions

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

Summer Camp Information

Hours - Parent/Guardian agree to the camp hours set out.

Participants are required to bring their own NUT-FREE food 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 Summer 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