



Multi Arts Enrichment Abilities Camp

11 Emmett Avenue, Toronto, Ontario M6M 2E3

Summer Camp Registration Form

- Please check the session you choose to enroll in.

Day Program – East End

- Option 1
Option 2
Option 3

Evening Program - Downtown

- Option 4

- **Participant Information:**

First Name: _____ Last Name: _____

D.O.B.: _____ Age: _____ Status (new or returning): _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

- **Parent/Guardian Information:**

Name: _____ Day Phone: _____

Address & Phone (if different): _____

Name: _____ Day Phone: _____

Address & Phone (if different): _____

- **Camper Medical Information:**

Diagnosis/Special Needs: _____

Ontario Health Card Number: _____ Version Code: _____

Who can be contacted should an **emergency** arise during the program?

Name _____ Relationship _____

Phone _____

Doctor's Name: _____

Phone _____

Does the camper use any kind of assistive device (wheelchair, walker, sign board)

Please help us make the program fun by describing the assistance you/your child needs. Attach a separate piece of paper if space is inadequate.

Are there any special medical concerns, especially food allergies? (i.e. seizures, other?)

Allergies	If so, what type?
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<hr/>	<hr/>
<hr/>	<hr/>
Seizures	If so, what is the protocol for seizure management?
Other medical concerns? Please describe.	

Please list any special interests/hobbies:

- I am aware and give consent for ***DramaWay Multi Arts Enrichment Abilities Camp*** to take photographs and videotape group productions during the designated time of the camp program.
Yes No

Signature: _____

Will the above named participant be traveling to and from ***DramaWay Multi Arts Enrichment Abilities Camp*** alone? Yes No

If the named camper will be traveling to and from camp with assistance, please list the names of those individuals who will be assisting him/her with transit for security purposes. *

- (Please note: Those individuals not listed will not be authorized by camp staff for pick-up).

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

What will the arrangements be for pick-up and drop-off?

Signature of Parent/Legal Guardian responsible for Camp fees

Date

Name of Parent/Legal Guardian (please print)

****** Campers will not be enrolled into our Camp, unless this registration form is completed, signed and attached to our Participant Release Form.**

Participant Release:

- 1. The participant and parents/legal guardians agree to abide by the rules and regulations set forth by *DramaWay Multi Arts Enrichment Abilities Camp* (Hereinafter referred to as the “*DramaWay M.A.E.A. Camp*”).
- 2. The *DramaWay M.A.E.A. Camp* reserves the right to dismiss any participant, without refund, whose conduct or influence it deems to be harmful or unsatisfactory to the best interests of the participant or the *DramaWay M.A.E.A. Camp*. This will occur as a last resort.
- 3. Every measure will be taken to ensure health and safety of each participant.
In the event of sickness or accident however, *DramaWay M.A.E.A. Camp*, its staff and/or volunteers will not be held liable for the above participant’s medical coverage. I the undersigned agree to release and indemnify and save harmless *DramaWay* and *DramaWay Multi Arts Enrichment Abilities Camp*, volunteers and/or staff, c.o., Danielle Tara Strnad, St. Dunstons Church & Community Living Toronto and its staff from all claims arising from participation in any program organized by the staff and/or volunteers of *DramaWay M.A.E.A. Camp* by any cause whatsoever. If staff and/or volunteers of *DramaWay M.A.E.A. Camp* arrange for any emergency medical care including hospitalization and transportation if necessary, it is the responsibility of the parents/legal guardians or organization responsible for the payment of camp fees to pay for all expenses and cost incurred thereby. In the event that the *DramaWay M.A.E.A. Cam*, in its judgment, uses outside emergency medical, surgical or dental services, attempts will be made to contact emergency contact person(s) known above. It is the responsibility of the parents/guardians to ensure that the participant’s medical details are supplied accurately and in full.
- 4. *DramaWay M.A.E.A. Camp* is unable to reschedule classes and/or programs due to the late arrival, early departure, or any absence by the participant. There will be an administrative charge of \$50 on all cancellations made after June 30th. No refunds will be given after that date. If a camp session is cancelled due to low enrollment, registrants will be given one-week notice and refunds issued subsequently. A full commitment to attendance and participation is encouraged.
- 5. While every effort will be made to return lost, misplaced or stolen property, the camp will not be held liable for these articles. Nor will it be held liable for broken or damaged property.
- 6. The *DramaWay M.A.E.A. Camp* reserves the right to cancel this contract without penalty by written notice to the person responsible for the payment of Camp fees.
- 7. This document will serve as the only contract, and contains herein all terms and conditions.

Signature of Parent/Legal Guardian responsible for Camp fees

Date

Name of Parent/Legal Guardian (please print)

This section to be completed where there is a Divorce or Separation:

Who has custody of the participant? _____

Are there any restrictions with regard to visitation rights? _____

