

### Parent 1

Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Parent 2

Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Email \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_

**Relevé 24** Enter the social insurance number and name of parent who will claim child care services:

SIN    \_\_\_\_\_ Family name \_\_\_\_\_ First name \_\_\_\_\_

### Emergency Contact (other than parents)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### Child 1

Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Medicare Card # \_\_\_\_\_  
 Medical Conditions or Allergies Yes  No   
 If Yes, please list: \_\_\_\_\_

### Child 2

Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Medicare Card # \_\_\_\_\_  
 Medical Conditions or Allergies Yes  No   
 If Yes, please list: \_\_\_\_\_

### Person authorized to pick up my child(ren) (other than parents)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Child 1

<input type="checkbox"/> <b>Sports Camp</b> Last swimming badge passed _____	<input type="checkbox"/> <b>Counsellor in Training Program (CIT)</b> Age group to volunteer with _____
<input type="checkbox"/> <b>Trudeau Creative Arts Camp</b> Last swimming badge passed _____	_____ Park location _____
	<input type="checkbox"/> <b>Dynamix Camp (August 24 – 28)</b>

<input type="checkbox"/> <b>Session A</b> June 29 – July 10	<input type="checkbox"/> <b>Session B</b> July 13 – 24	<input type="checkbox"/> <b>Session C</b> July 27 – August 7	<input type="checkbox"/> <b>Session D</b> August 10 – 21
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### Early Drop-off

\$16 (R) and \$20 (NR) per week

<input type="checkbox"/> Session A1	<input type="checkbox"/> Session B1
<input type="checkbox"/> Session A2	<input type="checkbox"/> Session B2
<input type="checkbox"/> Session C1	<input type="checkbox"/> Session D1
<input type="checkbox"/> Session C2	<input type="checkbox"/> Session D2

### Late Pick-up

\$20 (R) and \$25 (NR) per week

<input type="checkbox"/> Session A1	<input type="checkbox"/> Session B1
<input type="checkbox"/> Session A2	<input type="checkbox"/> Session B2
<input type="checkbox"/> Session C1	<input type="checkbox"/> Session D1
<input type="checkbox"/> Session C2	<input type="checkbox"/> Session D2

### Forms signed

<input type="checkbox"/> Rules and Regulations	<input type="checkbox"/> Field trip 1
	<input type="checkbox"/> Field trip 2
<input type="checkbox"/> Sunscreen waiver	<input type="checkbox"/> Field trip 3
	<input type="checkbox"/> Field trip 4

### Are there any friends your child would prefer to be grouped with?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## Child 2

<input type="checkbox"/> <b>Sports Camp</b> Last swimming badge passed _____	<input type="checkbox"/> <b>Counsellor in Training Program (CIT)</b> Age group to volunteer with _____
<input type="checkbox"/> <b>Trudeau Creative Arts Camp</b> Last swimming badge passed _____	_____ Park location _____
	<input type="checkbox"/> <b>Dynamix Camp (August 24 – 28)</b>

<input type="checkbox"/> <b>Session A</b> June 29 – July 10	<input type="checkbox"/> <b>Session B</b> July 13 – 24	<input type="checkbox"/> <b>Session C</b> July 27 – August 7	<input type="checkbox"/> <b>Session D</b> August 10 – 21
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### Early Drop-off

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<input type="checkbox"/> Session C1	<input type="checkbox"/> Session D1
<input type="checkbox"/> Session C2	<input type="checkbox"/> Session D2

### Late Pick-up

\$20 (R) and \$25 (NR) per week

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<input type="checkbox"/> Session A2	<input type="checkbox"/> Session B2
<input type="checkbox"/> Session C1	<input type="checkbox"/> Session D1
<input type="checkbox"/> Session C2	<input type="checkbox"/> Session D2

### Forms signed

<input type="checkbox"/> Rules and Regulations	<input type="checkbox"/> Field trip 1
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### Are there any friends your child would prefer to be grouped with?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## Waiver—Condition of participation in and Parks and Recreation Department program

*Risks/Release: As a condition of attendance at/use of a City of Côte Saint-Luc ("City") facility or participation in a City activity/program, I hereby assume all direct and indirect, foreseeable and unforeseeable risks relating thereto for me and my minor child. I hereby release the City its elected officials, employees, agents, contractors, and volunteers, and their successors (collectively, "City Releasees") from, and waive and renounce to, every claim and liability of whatsoever nature, whenever so arising, for loss, damage or injury to me or my minor child's person and property (including theft). I agree to defend, indemnify and hold the City Releasees harmless from every such claim in principal, interest and costs. Emergency: If a City representative judges there is a medical emergency affecting me or my minor child I authorize them to call 9-1-1 and/or EMS, for police / ambulance / emergency medical services and allow the City to provide emergency medical intervention (including medication/treatment) at my sole cost and peril, and the below Release shall apply. Medical Conditions: I will complete a separate form provided by the City (where required) and declare all medical conditions, medicare number, mobile phone number, and an emergency contact person with number, without the City incurring any liability for knowledge of a pre-existing medical condition. I or my minor child shall not attend a City or program or activity when symptoms of illness are present. If I am asked to leave/withdraw, or to retrieve/withdraw my minor child, for reasons of conduct or illness, I will do so promptly without dispute or right to refund or reimbursement. Use of Image etc: The City may photograph or videograph me or my minor child and may use my or my minor child's image and/or voice clips, photograph or videograph in its discretion in/on any media in perpetuity without any payment or further consent. I hereby waive my/our moral rights, and assign full copyright, in favour of the City in connection herewith. False Information: Any false information provided at any time to the City will automatically annul this registration, without recourse or penalty against, or refund or reimbursement by the City. Full Payment and Refund Policy: I acknowledge that full payment is required at the time of registration and prior to commencement of, or participation in, any City program or activity. I acknowledge that I am not entitled to refund or reimbursement of any amounts paid except as permitted under applicable City policies as published by the City at the date of my payment.*

## General Information (payment, registration, etc.)

All cheques must be made payable to the City of Côte Saint-Luc. Payment by Visa, Mastercard and Interac are also available for the deposit portion only. The post-dated portion can only be paid by cheque. Upon registration, a deposit of 50% of the total amount owing is required in addition to a post-dated cheque, dated May 15, 2015, covering the balance.

The deadline to register for any session is the previous Wednesday at noon, in order to allow for the time to finalize group lists. Past this deadline, registration will be accepted pending availability. A 5% premium will apply.

An early bird registration fee will be in effect as of April 1 – 22, 2015. The regular registration fee will be in effect as of April 23, 2015.

### Refund Policy

Any refunds granted are at the discretion of the City of Côte Saint-Luc. Requests for refunds will only be considered upon receiving a written request. All refunds will be subject to a charge of 10% of the total cost of the program. Refunds will be granted for Day Camp Programs up to four weeks prior to the start of the programs. All voluntary refund requests made thereafter will be subject to a 20% fee and will be pro-rated weekly (i.e., once the week has begun it is considered to have been completed). In a situation where one must withdraw due to a medical reason, a pro-rated refund minus a 10% administrative fee will apply when presented with a valid medical note.

## Acknowledgement of Activity Waiver, General Information, Photo and Refund Policy

Refusal to sign will invalidate my registration and/or participation.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Name of minor child (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date