

FOR DAY CAMP REGISTRATION, PLEASE COMPLETE THE ADDITIONAL INFORMATION ON THE REVERSE SIDE

Family Name of Participant(s):		
Address:		
City:	Postal Code:	Medical / Health / Allergies:
Telephone (home):		Telephone (work):
Cellular Phone:		Email Address:
Please complete this section for participants under 18 years old.		
Mother's Last Name:	First Name:	Telephone:
Father's Last Name:	First Name:	Telephone:

First Name	M / F	Date of Birth (y/m/d)	Medicare Card # and Expiration Date	Program Name	Day/Time	Level	Fee

**TOTAL**

**WAIVER - CONDITION OF PARTICIPATION IN ANY PARKS AND RECREATION DEPARTMENT PROGRAM**

I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the City of Côte Saint-Luc, its employees, officers, agents and volunteer workers (all hereafter called the City) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the City, and will save the City harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the City of Côte Saint-Luc, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The City of Côte Saint-Luc is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.

**GENERAL REFUND POLICY**

Any refunds granted are at the entire discretion of the City of Côte Saint-Luc. Requests for refunds will only be considered upon the City of Côte Saint-Luc receiving a written request prior to the date at which one third of the program has been completed, subject to the medical reason exception. All refunds granted will be subject to an administrative charge of 20% off the total cost of the program and any refunds granted will be pro-rated based solely on the date the City of Côte Saint-Luc receives the written refund request. The above policy is applicable for all recreation programs (except day camp and playgroup programs) administered by the City of Côte Saint-Luc. Please see page 5 of the Parks and Recreation brochure or our website ([www.cotesaintluc.org](http://www.cotesaintluc.org)) for the complete refund policy.

**Method of Payment**

Please make cheques payable to the City of Côte Saint-Luc

Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ Interac: \_\_\_\_\_ Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

**Waiver For Use of Photographs Taken During Activities**



I authorize the Parks and Recreation department to take photographs during programs, activities and events which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.

Signature: \_\_\_\_\_

**Acknowledgement of Activity Waiver**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the appropriate information below**

<input type="checkbox"/> <b>Yitzhak Rabin Nursery Camp</b> (Half day 9am - 1pm)	<input type="checkbox"/> Session A June 27 - July 8 <input type="checkbox"/> Session B July 11 - July 22 <input type="checkbox"/> Session C July 25 - August 5 <input type="checkbox"/> Session D August 8 - August 19
<input type="checkbox"/> <b>Yitzhak Rabin Nursery Camp</b> (Full day 9am - 4pm)	
<input type="checkbox"/> <b>Maimonides Sports Camp</b> Last swimming badge passed: _____	
<input type="checkbox"/> <b>Trudeau Creative Arts Camp</b> Last swimming badge passed: _____	
<input type="checkbox"/> <b>C.I.T. Program</b> Age group to volunteer with: _____ Park location to be at: _____	

<input type="checkbox"/> <b>CSL Tennis Camp</b> Session 1: June 27 - July 1
<input type="checkbox"/> Session 2: July 4 - July 8
<input type="checkbox"/> Session 3: July 11 - July 15
<input type="checkbox"/> Session 4: July 18 - July 22
<input type="checkbox"/> Session 5: July 25 - July 29
<input type="checkbox"/> Session 6: Aug. 1 - Aug. 5
<input type="checkbox"/> Session 7: Aug. 8 - Aug. 12
<input type="checkbox"/> Session 8: Aug. 15 - Aug. 19

Session Fees:	\$
<input type="checkbox"/> Early morning drop off fees:	\$
<input type="checkbox"/> Late pick up fees:	\$
<b>Total Cost:</b>	<b>\$</b>

<input type="checkbox"/> <b>* NEW * Library Camp</b> August 8 - August 12
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<input type="checkbox"/> <b>Dynamix Kidvivor Adventure Camp</b> August 22 - August 26
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**Medical Information (please complete for each participant registered)**

Participant's Name	Allergies to Medication (please specify)	Food or other allergies (please specify)	Any physical or emotional conditions of which we should be aware (please specify)	Please describe your child's personality (shy, outgoing, active, quiet)
1.	___ No ___ Yes	___ No ___ Yes	___ No ___ Yes	
2.	___ No ___ Yes	___ No ___ Yes	___ No ___ Yes	
3.	___ No ___ Yes	___ No ___ Yes	___ No ___ Yes	

**Emergency Contacts (other than parents)**

Name	Relationship to Child	Telephone 1	Telephone 2
1.			
2.			

**Persons authorized to pick up my child(ren) other than parents**

Name	Relationship to child
1.	
2.	

**For tax purposes — Relevé 24 Please enter the social insurance number and name of parent who will claim child care services**

Social Insurance Number	Family Name	First Name
/ /		