

Barrie Youth In Action 2010 Registration

Send completed form & payment to:

Simcoe Community Services, 39 Fraser Court, Barrie ON L4N 5J5



PARTICIPANT INFORMATION

Name: _____ Male Female
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone: () _____ Age: _____ Birthday: _____
Participant Email: _____ Health card#: _____
Parent/Guardian Name: _____
Daytime #: () _____ Evening #: () _____ Email: _____
How did you hear about Youth in Action? _____

EMERGENCY CONTACT INFORMATION- Different from listed above

Name: _____ Relation to Participant: _____
Daytime phone #: () _____ Evening phone #: () _____

IMPORTANT: Simcoe Community Services attempts to ensure that all participants in YIA are provided with supports appropriate to meet their needs. **We provide a 1:4 staffing ratio.**

However, some individuals may require one-to-one support to be provided by the family.

Please list any medication your child is current taking:

[] self administered [] need assistance

Does your child require medication to be given during the during the day? No Yes. If yes, a signed Medication Release form must be completed before the beginning of each session.

Do you have any physical, emotional, behavioural, dietary or other concerns that we should be aware of?

No Yes If "yes", please state **very clearly** here, or attach a note of explanation.

Note: Youth in Action cannot guarantee a peanut free environment or one-to-one support.

WAIVERS AND CONDITIONS OF ENROLMENT:

1. Simcoe Community Services reserves the right to dismiss a participant who, in our opinion presents a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the program. Failure to disclose concerns at time of registration could result in dismissal.

2. The parent/guardian(s) of the above-named participant, release Youth in Action (YIA), its Youth Workers and Team Leaders from any loss, personal injury, accident, misfortune or damage to the above-named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named participant.

3. In case of medical emergency, the parent/guardian(s) of the above-named participant understands that every effort will be made to contact them. In the event that the parent/guardian cannot be reached, I /we give permission to the Youth in Action leaders and the attending doctor to secure medical treatment for and/ or hospitalize the above-named participant.

4. The parent/guardian(s) of the above-named participant give permission for their son/daughter to receive transportation from Youth in Action staff.

5. If the above-named participant requires medication to be administered during Youth in Action hours, the parent/guardian agrees to provide Youth in Action with clearly labeled medication.
REFUND POLICY: Cancellation more than two weeks prior to the start of a session – full refund less \$50.00 administration fee.

Cancellation two weeks prior to the start of each session – no refund (includes camp fees, daytrip fees) except for medical reasons with a note from a doctor – full refund less \$50.00. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures.

Withdrawal during camp on physician's order – one half of fee for unexpired term will be refunded.

I have read and hereby agree with the waivers and conditions of enrolment.

Parent's/Guardian's signature _____ Date _____

REGISTRATION INFORMATION

I would like to register in the following Youth In Action Session(s):

Session	Dates	Fee
<input type="checkbox"/> Creative Self (Calling all Artists!)	July 5 -9	\$200
<input type="checkbox"/> Sporty Self (Summer Games Here We Come!)	July 12 -July 16	\$200
<input type="checkbox"/> Explorer Self	July 19 - July 30	\$390
<input type="checkbox"/> Your Inner Chef	August 3– August 6	\$200
<input type="checkbox"/> Social Self (Social Butterflies & Beetles)	August 9-13 & 16-20	\$390
<input type="checkbox"/> Animal Lover in You?	August 23 –August 27	\$200

* Daytrips are included in the registration fee

PAYMENT INFORMATION

Payment Method

Total Amount Method of Payment
 _____ Total Amount Enclosed (Cash, Cheque, Visa or Mastercard)

CREDIT CARD INFORMATION

VISA MASTER CARD
 Card # _____ - _____ - _____ - _____
 Expiry Date: ____ / ____
 Signature: _____
 Print name on card: _____

Please make all cheques payable to Simcoe Community Services.

