



SIMCOE COMMUNITY SERVICES

Youth In Action

Summer Skill Building

Sessions for Youth 2010
Barrie



Looking for a great summer experience?

Are you in or entering high school?

Do you want to be more involved in the community? Come on out to learn new skills, have fun and make new friends!

PROGRAM OVERVIEW

These amazing summer sessions provide high school aged youth the opportunity to expand their communication, social, recreation and life skills while participating in the community.

- Each session is 1 to 2 weeks in length and provides youth with a variety of social and emotional learning opportunities.
- Games and activities are incorporated into the sessions to promote continued physical development and a healthy lifestyle.
- Team Leaders are experienced and educated to deliver and facilitate skill building activities.
- Youth have an opportunity to develop and learn such skills as public transit use, accessing community resources, team building and leadership.
- Youth in Action is thrilled to offer two exciting three day, two night camping trips to a camping facility in the area.

IMPORTANT: Simcoe Community Services attempts to ensure that all participants in YIA are provided with appropriate supports to meet their needs. We provide a 1:4 staffing ratio. However, some individuals may require one-to-one support (provided by the family).

*Please note all sessions have an activity component. Some sessions are geared for youth with high energy. Please check the activity level on all sessions to make sure that this is a good choice for your child. Please talk to the Youth Worker if you have any questions related to the amount of activity and/or concerns.

*Outings are subject to change without notice.



TEAM



ROCK CLIMBING



MINI PUTT



WYE



FRIENDSHIP



OVERNIGHT CAMPING

**FOR MORE INFORMATION REGARDING
SUMMER PROGRAM OPPORTUNITIES PLEASE
CONTACT:**

Youth Worker- Barrie Area
727-1234 ext. 236

kmacdonald@simcoecommunityservices.ca (before June 16/10)
avanleusen@simcoecommunityservices.ca (after June 16/10)

or visit

www.simcoecommunityservices.ca



REGISTRATION BEGINS MAY 15TH, 2010

All registration for Youth in Action – Barrie
will be done through
Simcoe Community Services
39 Fraser Court
Barrie, Ontario
L4N 5J5

Financial Assistance maybe available.
Please contact the Youth Worker @ 727-1234 ext. 236
for more information.

IMPORTANT INFORMATION

- Youth supervision begins at 9:00 a.m. until 4:00 p.m. Monday to Friday, excluding holidays
- Youth participate in small groups of 4-5 participants with one Team Leader
- All activities are community based in order to provide an inclusive environment for participants
- Youth will be provided with a newsletter and an overview of daily activities at the beginning of each session
- Registered participants will be contacted by the YIA staff before the program starts to give staff an idea of the interests and needs of each participant
- **MEDICAL INFORMATION:** Please ensure that the registration form is fully completed and that we have up to date information about your child's medical information including Doctor's name and an emergency contact who can be reached during the hours of 9:00 – 4:00 pm.
- **MEDICATION:** Youth requiring medication during the day must have a signed Medication Release Form on site. Medication must be stored in original containers only, and Team Leaders will keep it in a secure location. Please let staff know before each session if there are special requirements needed for the medication being administered. (eg. needs to be refrigerated, given with special drink/food)

PREPARING FOR YOUTH IN ACTION

YIA runs daily regardless of weather conditions.

Please make sure that youth are dressed accordingly.

All participants must bring a **BACK PACK** including:

- Sunscreen
- Hat
- Healthy Lunch and Snacks
- Sunglasses
- Bathing Suit & Towel
- Bottles of water

NO PLASTIC BAGS PLEASE

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 15	\$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 -August 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.

