



# 2010 Summer Leadership Camp

July 5 - August 20

Youth Services \_\_\_\_\_ Phone: 905.722.5540 Fax: 905.722.4308 Email: jerichoys@sympatico.ca

## REGISTRATION FORM

### Participant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Do you need high school volunteer hours?: Yes / No (please circle one)

How did you hear about Jericho Youth Services Summer Leadership camp?

\_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

*Alternate Contact (required)*

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (cell): \_\_\_\_\_



## 2010 Summer Leadership Camp - \$5.00/week - \$30/trip

### Registration Information (Leadership Camp runs Monday to Friday)

I want to register for the following weeks of leadership camp:

Week	Dates	Bethany Co-op Camp \$5.00	Trip Option \$30.00	Total
1	July 5-9	\$ _____	\$ _____	\$ _____
2	July 12-16	\$ _____	\$ _____	\$ _____
3	July 19-23	\$ _____	\$ _____	\$ _____
4	July 26-30	\$ _____	\$ _____	\$ _____
5	Aug 3-6 *	\$ _____	\$ _____	\$ _____
6	Aug 9-13	\$ _____	\$ _____	\$ _____
7	Aug 16-20	\$ _____	\$ _____	\$ _____
Final Total:		\$ _____	\$ _____	\$ _____

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Signature of Participant

Date

\* Week 5 (4 day week)

OFFICE USE ONLY

CASH \$ \_\_\_\_\_

CHEQUE \_\_\_\_\_ (sorry no post-dated cheques) Cheque payable to **Jericho Youth Services**

FUNDING / SUBSIDY \_\_\_\_\_

# 2010 YOUTH LEADERSHIP CAMP

## CAMP REFUND POLICY

In order to receive a refund or registration credit, all cancellation credits for camp must be received in writing at least 5 business days prior to the first day of the camp session. No refunds or credits will be processed less than 5 business days before the start of the camp session.

A \$25.00 administrative fee will apply to all refunds.

## REGISTRATION DROP OFF LOCATION

**Jericho Youth Services Head Office**  
**1964 Metro Road, Sutton**  
**905.722.5540**  
**Mon. – Fri. 9:00 – 3:00**

### **Alternate Locations:**

Georgina Gym  
90 Wexford Drive, Keswick  
905.989.0896  
Mon – Fri 3:30 – 10:00

Pefferlaw Youth Centre  
272 Pefferlaw Road, Pefferlaw  
705.437.2100  
Mon – Thu 3:00 – 8:00

Sutton Youth Centre  
20894 Dalton Road, Sutton  
905.953.6941  
Mon – Fri 3:30 – 6:45

**Ask for LINDSEY**

**Ask for LAURA**

**Ask for SAMANTHA**

## **Information Agreement - Please read and sign**

The parents/guardians having legal custody over any camper must communicate all legal and agreed arrangements. Conditions of custody, if applicable, will be communicated in writing to the camp along with a photocopy of any court order referring to visitation rights/denials.

The Camp Manager reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the controls of the camp.

While every precaution is taken for the safety and good health of our campers, Jericho Youth Services, it's directors and staff members, or the employees of facilities outside of the camp grounds are hereby released from any and all liability in the event of an illness, accident, misfortune or death that may occur to the camper.

To the best of my knowledge, my child is in good health and I will notify the Camp if my child is exposed to an infectious disease during the week prior to arriving at Camp. In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the Day Camp Manager, to secure proper treatment, hospitalization, for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*See you at Jericho Youth Leadership Camp*

**Jericho Youth Services  
Youth Leadership Camp**

**2010 MEDICAL EMERGENCY FORM**

**FORM REQUIRED FOR EVERY CAMP PARTICIPANT!**

Child's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact #'s: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact #'s: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Emergency Contact** (Other than above)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Description of medical concern: (ie: seizures, diabetes, asthma, anaphylactic, etc):  
\_\_\_\_\_

Signs and Symptoms the child usually exhibits: \_\_\_\_\_  
\_\_\_\_\_

**Immediate action (should be discussed with Camp Supervisor)**

**Follow up Action:** \_\_\_\_\_

**Location of Emergency Aid (i.e.: Epi-pen, sugar, etc)**

If your child has medication at camp, a Jericho Youth Services *Scheduled Medication Dispensing/Treatment Record* form must be completed by the Parent/Guardian.

If your child has an allergy, a Jericho Youth Services *Anaphylaxis Action Plan* must be completed by the Parent/Guardian.

**We strongly recommend every effort be made to discuss medical info with the child's Camp Supervisor!**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Cc: Camp Supervisor  
Program Manager

**Jericho Youth Services  
2010 Youth Leadership Camp**

***Child Release Waiver Form***  
***(Who can pick up your child from camp)***

**FORM REQUIRED FOR EVERY CAMP PARTICIPANT!**

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In order to ensure that your child is safe while at Jericho Youth Services Youth Leadership Camp, we require that Parents/Guardians complete this form. Please note that campers are not to be released into the care of any individual other than a parent or authorized caregiver without written consent.

**Child's Name:** \_\_\_\_\_

**Name of Authorized Individual(s):** \_\_\_\_\_

\_\_\_\_\_

**For the day(s)/week(s) of:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
(Please Print)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Talent Release – PLEASE READ & SIGN**

I hereby consent that any photograph or any reproduction thereof either whole or in part taken of the stated participant(s) by staff or volunteers of Jericho Youth Services and may be used for any advertising purposes, including non-broadcasting and/or demonstrational use.

**Parent/Guardian Signature:** \_\_\_\_\_

**Jericho Youth Services  
2010 Youth Leadership Camp**

***Out Trip Waiver Form***

**FORM REQUIRED FOR EVERY CAM PARTICIPANT!**

**AUTHORIZATION AND REALEASE**

IMPORTANT: READ THIS DOCUMENT CAREFULLY BEOFRE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IT IS UNDERSTOOD THAT THIS FULLY SIGNED FORM MUST BE SUBMITTED TO JERICHO YOUTH SERVCES SUMMER CAMP BEFORE ANY CAMPER IS ALLOWED TO PARTICIPATE IN ANY CAMP TRIP.

I hereby authorize and give permission for \_\_\_\_\_ to attend all out trips with Jericho Youth Services Youth Leadership Camp each week my child is registered to the Camp.

Release and Waiver

I assume all risks associated with my child's participation in the Youth Leadership Camp operated by Jericho Youth Services and Board of Directors, their employees and volunteers.

- I waive any and all claims for damages for personal injury, death, loss of property damage, which I may have or which may hereafter accrue to me or my child against Jericho Youth Services and Board of Directors, their employees and volunteers as a result of my child's participation in Jericho Youth Services Youth Leadership Camp, and as related to the sites involved and/or with respect to the supervision provided and/or with respect to the activities performed, whether or not caused by negligence.
- I AGREE TO ASSUME AND BEAR SOLE RESPONSIBILITY FOR THESE DANGERS AND RISKS AND TO RELEASE, ABSOLVE, INDEMINIFY AND HOLD HARMLESS THE CAMP FROM ANY AND ALL RISKS OF ANY NATURE AND KIND ASSOCIATED WITH CAMP ACTIVITIES.
- This waiver is signed in order for my child to participated in this activity for his/her own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers incident associated with Camp activities.

Parent/Legal Guardian Name (please print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

**Jericho Youth Services  
Youth Leadership Camp**

**2010 ANAPHYLAXIS ACTION PLAN**

**MY CHILD'S ANAPHYLAXIS TRIGGERS ARE:**

peanuts    nuts    milk,    all dairy    eggs    shellfish    fish

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Food Additives (list):

Insect Stings (list):

Medications (list):

Other (list):

**MY CHILD'S ANAPHYLAXIS SYMPTOMS USUALLY ARE:  
(Check all that apply)**

swelling (eyes, lips, face, tongue)

vomiting

difficulty breathing or swallowing

coughing or choking

cold, clammy, sweaty skin

stomach cramps, diarrhea

flushed face or body

dizziness, confusion

fainting or loss of consciousness

change of voice

others (list):

**MY CHILD'S EMERGENCY TREATMENT IS:**

anti-histamine+ precise measuring instrument (specify brand and dosage):

Epi-Pen

**NOTE: Epi-Pens must be provided.**

**CALL 911 AND TELL THE DISPATCHER THAT A CHILD IS HAVING A LIFE-THREATENING ANAPHYLACTIC REACTION.**

**CALL THE PARENT OR GUARDIAN.**

Parent / Guardian Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

## Jericho Youth Services Youth Leadership Camp Scheduled Medication Dispensing / Treatment Record

*To be completed for all scheduled medications and treatments. Parent/Guardian to complete one medication/treatment form, per program. Parent to review at session end. This record to be retained by staff in the program file/binder.*

Participant's Name: \_\_\_\_\_  
\*must correspond with name on prescription container

**Medication/Treatment Information:**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Description:  Tablet       Capsule       Liquid       Spray  
*Please check the appropriate box*  
 Other \_\_\_\_\_  
(Please describe)

Date Prescribed: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Administration Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STOP the medication/treatment if:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I release Jericho Youth Services, it's Board of Directors, staff and volunteers from any liability, however caused arising out of the administering, or failure to administer the medication provided herein.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Times to Be Administered:**

Program Name: \_\_\_\_\_

**Medication Administration Chart**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

\*\*Checked by staff if child received medication