

# PEFFERLAW YOUTH CENTRE



TOWN OF  
GEORGINA

272 Pefferlaw Rd., Pefferlaw 705-437-2100  
Monday to Fridays 12:00pm-4:00pm  
JULY 5—AUGUST 27

All programs are operated and facilitated by Jericho Youth Services on behalf of the Town of Georgina



Youth Services

## KIDS CLUB

Monday to Friday, Ages 6-13yrs, 12:00pm-4:00pm

### Activity descriptions for the Week of:

July 5<sup>th</sup> - Fear Factor themed activities - Team challenges; dare to try something new!

July 12<sup>th</sup> - Wet and Wild themed activities - Bring a towel for some wet and wild outdoor fun!

July 19<sup>th</sup> - Hawaiian themed activities - Join us for luau celebration Hawaiian style! Aloha!

July 26<sup>th</sup> - Wild Wild West theme - Yee haw! We'll be havin' hay days at our hoe-down at Youth Centre corral!

August 3<sup>rd</sup> - Wizards and Witches themed activities - Hocus pocus! Explore the weird and wonderful world of magic!

August 9<sup>th</sup> - Outdoor Adventure themed activities - Enjoy exciting adventures in the great outdoors!

August 16<sup>th</sup> - Sports of All Sorts - Play your favourite and try out new sports in a fun, non-competitive environment!

August 23<sup>rd</sup> - Nature Discovery - Discover the natural wonders of our own neighbourhood!

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### FREE DROP-IN

Monday to Friday, Ages 14-18yrs, 2:00pm-4:00pm

Activities include billiards, foosball, ping pong, air hockey, sports, gym games, etc. You may also want to chill out in the computer lab or play a variety of board/card games with friends.

Sessions:  SUMMER

**PYC**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name:  
(if participant is under 18yrs) \_\_\_\_\_

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

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Medical Info (allergies/health issues?): \_\_\_\_\_

Parent/Guardian (who will be picking up?) \_\_\_\_\_

I hereby release, waive and forever discharge the Corporation of the Town of Georgina, its employees, agents and contractors from all claims, demands, actions, causes of actions, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person, or to the named child or to my property, howsoever caused, arising or to arise by reason of my participation or to the named child's participation in any program in any location where the program is held. By signing this form, I acknowledge having read, understood and agreed to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

Signature of participant, parent or guardian

Date