



The Ultimate Experience Summer Trips

Want to send your child(ren) on one of our out trips?
Cost is \$30.00 per trip.
Call our office to register—space is limited.

- | | |
|---|--|
| <input type="checkbox"/> Week 1 Thursday, July 8 Rock 'N Chalk | <input type="checkbox"/> Week 5 Thursday, Aug 5 Elmvale Zoo |
| <input type="checkbox"/> Week 2 Thursday, July 15 Reptilla | <input type="checkbox"/> Week 6 Thursday, Aug 12 Wild Water Kingdom |
| <input type="checkbox"/> Week 3 Thursday, July 22 Science Centre | <input type="checkbox"/> Week 7 Thursday, Aug 19 Kortright Centre |
| <input type="checkbox"/> Week 4 Thursday, July 29 Sibbald's Point | <input type="checkbox"/> Week 8 Thursday, Aug 26 Sibbald's Point (Sutton only) |

DROP OFF AND PICK UP LOCATIONS: Jersey P.S. 176 Glenwoods Ave, Keswick and St. James Hall, 31 River Street, Sutton

✂

Yes! I'd like to participate in the Summer Camp *The Ultimate Experience* out trip - 2010

- | | |
|---|--|
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Pick up at Jersey P.S. St. James Hall ~ ~ Drop of at Jersey P.S. St. James Hall

Name: _____ Date of Birth: ____/____/____
day month year

Home Address: _____ Postal Code: _____

Phone #: _____ Emergency#: _____

Email Address: _____

We respect your privacy. We do not sell your email address to any other party. Your email is used solely for the purpose of updating you about Jericho programs and special events. On every eUpdate you receive, you are given the option to unsubscribe if you wish to discontinue receiving eUpdates.

Medical Info (Allergies?): _____

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____

Talent Release: _____

Jericho may periodically take photos at our programs and use them on our web-site, advertising etc.
If you have any questions or concerns about this, please contact Jericho at (905) 722-5540

OFFICE USE ONLY
Cash \$ _____ Cheque # _____ PayPal Confirmation # _____

AUTHORIZATION AND RELEASE

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

I hereby authorize and give permission _____ to attend out trips with the Jericho Youth Services Summer Camp *The Ultimate Experience* staff members.

Release and Waiver

I assume all risks associated with my child's participation in the Day Camp operated by Jericho Youth Services & 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 & Board of Directors, their employees and volunteers as a result of my child's participation in the out trip, 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, INDEMNIFY AND HOLD HARMLESS THE CAMP FROM ANY AND ALL RISKS OF ANY NATURE AND KIND ASSOCIATED WITH THE OUT TRIP ACTIVITIES.
- This waive is signed in order for my child to participate 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 out trip activities.

Parent/Legal Guardian Name (please print) _____

Parent / Legal Guardian Signature _____