

SUTTON YOUTH CENTRE



TOWN OF
GEORGINA

20849 Dalton Rd., Sutton 905-953-6941
Monday to Friday 3:30pm-8:30pm
JULY 13—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, 3:30pm-6:30pm

Activity descriptions for the Week of:

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

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

July 19th - Hawaiian themed activities - Join us for luau celebration Hawaiian style! Aloha!

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

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

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

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

August 23rd - Nature Discovery - Discover the natural wonders of our own neighbourhood!

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FREE DROP-IN

Monday to Friday, Ages 14-18yrs, 6:30pm-8:30pm

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

Sessions: SUMMER

SYC

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