

Mail payment to: Head Office
 109 Mercury Road, Etobicoke, ON M9W 3H7 416-747- 9796

Program Location: 7412 Kipling Ave. (south of Hwy 7)
 Vaughan, On. L4L 1Y4 905-851-3972

Email: csmith8555@rogers.com

Website: www.blueveil.org

SEC SATURDAY SOCIAL January 14 to March 3, 2012

Participant Information Date of Birth: Day _____ Month _____ Year _____ Sex: M _____ F _____

Campers Last Name: _____ **First Name:** _____

Address: _____ **Apt. #** _____ **City** _____ **Prov.** _____

Postal Code _____ **Tel Home:** _____

Cell Phone # _____ **Email Address:** _____

Parent /Guardian Information

Name: _____ Day Phone: _____

Address & Phone (if different): _____

Name: _____ Day Phone: _____

Address & Phone (if different): _____

Camper EMERGENCY AND MEDICAL Information

Diagnosis/Special Needs: _____

Ontario Health Card Number: _____ Version Code: _____

Who can be contacted should an **emergency** arise during the program?

Name: _____ Phone: _____

Doctor: _____ Doctor's Phone Number: _____

PROGRAM	COST
Jan. 14..... <input type="checkbox"/>	<input type="checkbox"/> \$ 32.50
Jan. 21 <input type="checkbox"/>	<input type="checkbox"/> \$ 32.50
Jan. 28..... <input type="checkbox"/>	<input type="checkbox"/> \$ 32.50
Feb. 4..... <input type="checkbox"/>	<input type="checkbox"/> \$ 32.50
Feb 11 - FUNDRAISER	
Feb. 18..... <input type="checkbox"/>	<input type="checkbox"/> \$ 32.50
Feb. 25..... <input type="checkbox"/>	<input type="checkbox"/> \$ 32.50
March 3..... <input type="checkbox"/>	<input type="checkbox"/> \$32.50
7- sessions <input type="checkbox"/>	<input type="checkbox"/> \$210.00
Jan. 14 – March 3 (save \$17.50) Excluding Feb 11th	
Total amt. \$ _____	

Please make cheque payable to: **Sara Elizabeth Centre**

DEPOSIT \$30.00 DATE Paid : _____
 (Deposit is non refundable) Cash or Cheque # _____

BALANCE owing: \$ _____ Date Paid _____
 Cash \$ _____ Cheque \$ _____ Cheq. # _____

Full Payment \$ _____

Donation Amount \$ _____

TOTAL SUBMITTED \$ _____

(Any additional funds donated above the cost of the program will be tax deductible and a Taxable Receipt will be issued.)

Signature: _____

Returning Participants Need only to fill out page 1

Does the camper use any kind of assistive device (wheelchair, walker, sign board)

Please help us make the program fun by describing the assistance you/your child needs. Attach a separate piece of paper if space is inadequate.

Are there any special medical concerns, especially food allergies? i.e. seizures, other?)
Allergies: If so, what type?

Seizures If so, what is the protocol for seizure management?
Other medical concerns? Please describe.

Please list any special interests/hobbies:

Will the above named participant be traveling to and from Sara Elizabeth Centre Winter Camp alone? Yes No

If the named camper will be traveling to and from camp with assistance, **please list the names** of those individuals who will be assisting him/her with transit for security purposes *

(Please note: camp staff for pick-up will not authorize those individuals not listed)

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

What will the arrangements be for pick-up and drop-off?

Signature of Parent/Legal Guardian responsible for Camp fees

Name of Parent/Legal Guardian (please print)

*****Campers will not be enrolled into our Camp, unless this registration form is completed, signed and attached to our Participant Release Form.**

Continue to Page 3

Returning Participants Need only to fill out page 1

Participant Release Form

1. The participant and parents/legal guardians agree to abide by the rules and regulations set forth by Sara Elizabeth Centre Camps. (Hereinafter referred to as the SEC Camps)
2. The SEC Camps reserves the right to dismiss any participant, without refund, whose conduct or influence it deems to be harmful or unsatisfactory to the best interests of the participant or the SEC Camps. This will occur as a last resort.
3. Every measure will be taken to ensure health and safety of each participant.
In the event of sickness or accident however, SEC Camps, its staff and/or volunteers will not be held liable for the above participant's medical coverage. I the undersigned agree to release and indemnify and save harmless SEC Camps, volunteers and/or staff, and its staff from all claims arising from participation in any program organized by the staff and/or volunteers of SEC Camps by any cause whatsoever. If staff and/or volunteers of SEC Camps arrange for any emergency medical care including hospitalization and transportation if necessary, it is the responsibility of the parents/legal guardians or organization responsible for the payment of camp fees to pay for all expenses and cost incurred thereby. In the event that the SEC Camps, in its judgment, uses outside emergency medical, surgical or dental services, attempts will be made to contact emergency contact person(s) known above. It is the responsibility of the parents/guardians to ensure that the participant's medical details are supplied accurately and in full.
4. SEC Camps is unable to reschedule classes and/or programs due to the late arrival, early departure, or any absence by the participant. No refunds will be given after the program has begun. If a camp session is cancelled due to low enrollment, registrants will be given notice and refunds issued subsequently. A full commitment to attendance and participation is encouraged.
5. While every effort will be made to return lost, misplaced or stolen property, the camp will not be held liable for these articles. Nor will it be held liable for broken or damaged property.
6. The SEC Camps reserves the right to cancel this contract without penalty by written notice to the person responsible for the payment of Camp fees.
7. This document will serve as the only contract, and contains herein all terms and conditions.

Signature of Parent/Legal Guardian responsible for Camp fees

Date

Name of Parent/Legal Guardian (please print)

This section to be completed where there is a Divorce or Separation:

Who has custody of the participant? _____

Are there any restrictions with regard to visitation rights? _____

I am aware and give consent for Sara Elizabeth Centre to take photographs and videotape group productions during the designated time of the camp program. Yes NO

**Return to Sara Elizabeth Centre, c/o Blue Veil Ministry, 109 Mercury Rd. Etobicoke, On M9W 3H7
Tel: 416-747-9796 Email: csmith8555@rogers.com www.blueveil.org**