



**SEC MARCH BREAK CAMP  
REGISTRATION FORM**

Previous Participants Need only to fill out page 1 and 3 if there is no new information

**Participant Information**      Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_      Sex: M \_\_\_\_\_ F \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel Home: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ Other \_\_\_\_\_

**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 Name	COST
March 15.....	\$55.00 _____
March 16.....	\$55.00 _____
March 17.....	\$55.00 _____
March 18.....	\$55.00 _____
March 19.....	\$55.00 _____
<input type="checkbox"/> Five Day Session Mar. 15 to Mar. 19	\$275.00 _____
<b>TOTAL DAYS</b> _____	Total Cost: _____

Form of Transportation:  TTC     Other:

DATE of Payment: \_\_\_\_\_

**METHOD OF PAYMENT**

Cash \$ \_\_\_\_\_     Cheque \$ \_\_\_\_\_    Cheque # \_\_\_\_\_

Full Payment \$ \_\_\_\_\_     Donation Amount \$ \_\_\_\_\_

**TOTAL SUBMITTED \$** \_\_\_\_\_

Please make cheque payable to: **BLUE VEIL MINISTRY**

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

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

Signature: \_\_\_\_\_

Thank you for your support

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

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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.

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Are there any special medical concerns, especially food allergies? i.e. seizures, other?)

Allergies: If so, what type?

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Seizures If so, what is the protocol for seizure management?

Other medical concerns? Please describe.

Please list any special interests/hobbies:

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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?

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\_\_\_\_\_  
Signature of Parent/Legal Guardian responsible for Camp fees

Date: \_\_\_\_\_

\_\_\_\_\_  
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.

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**Participant Release Form**

1. The participant and parents/legal guardians agree to abide by the rules and regulations set forth by *Sara Elizabeth Centre March Break Camp*. (Hereinafter referred to as the *SEC March Break Camp*)
2. The *SEC March Break Camp* 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 March Break Camp*. 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 March Break Camp*, 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 March Break Camp*, volunteers and/or staff, c.o., *Vellore Village Community Centre* and its staff from all claims arising from participation in any program organized by the staff and/or volunteers of *SEC March Break Camp* by any cause whatsoever. If staff and/or volunteers of *SEC March Break Camp* 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 March Break Camp*, 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 March Break Camp* 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 March Break Camp* 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? \_\_\_\_\_

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