

# March Break and Summer Camps 2012

**CAMP OFFICE**  
**HARBOURFRONT CENTRE**  
 235 Queens Quay West, 3rd Floor  
 Toronto, ON M5J 2G8  
 Fax: 416-973-5377  
 Phone: 416-973-4093



Please print and use a separate form for each child.

Participant Info

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date (m/d/y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F School: \_\_\_\_\_

**Medical Information.** Please list any serious medical concerns, allergies or conditions that our staff should be aware of. Include any pre-existing conditions and physical or emotional concerns. A more detailed medical form is available on-line.

\_\_\_\_\_

\_\_\_\_\_

Does your child carry an epi-pen?  Yes  No If yes, where? \_\_\_\_\_

**Health Card #:** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Family Info

Parent/Guardian #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ **Permission to pick up child:**  Yes  No

Home Address: \_\_\_\_\_ (All correspondence will be mailed to this address unless otherwise indicated)

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Is this the child's primary address?  Yes  No

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ **Permission to pick up child:**  Yes  No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Is this the child's primary address?  Yes  No

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contacts

(Other than listed above)  
 Emergency Contact Name: \_\_\_\_\_ **Permission to pick up child:**  Yes  No

Day Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Please list ALL THE NAMES of individuals who have permission to pick up your child from the camp or from the bus stop. Please remember that your child will only be released to the people listed here or above and that photo ID is required at time of pick-up.**

\_\_\_\_\_

\_\_\_\_\_

Transportation Info

**Transportation to and from camp. MUST BE COMPLETED.** Please refer to the Transportation Section on page 6 for descriptions of each option and page 10 for bus stop information and indicate your choice in the space below for **both AM and PM** Please provide signatures where required.

Choose only one	Fee(s) If applicable
<input type="checkbox"/> Parent Drop Off (8:30am–9:15am), Parent Pick-up (3:45pm–4:30pm)	N/A
<input type="checkbox"/> Extended Programme Day (7:30am–9am / 3:45pm–6pm)	See prices on web
<input type="checkbox"/> Bus: Stop# _____ Stop Name _____ <b>Summer Camps ONLY. (different bus stops for AM and PM are NOT available)</b> Does your child have permission to walk home from the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	See prices on web
<input type="checkbox"/> Travel by Self (8:45am–9:15am/3:45pm–4pm)	N/A
Authorizing Signature: _____	

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Please print and use a separate form for each child.

Please fully complete the chart below (Please indicate March Break or Summer Camps):

Camp Choices

Period	Session(s)	Camp Name	Camp Fee	Bus Fee*	Extended Programme Day	Meal Plan Fee	Total
March Break			\$	N/A	\$	\$	\$
Summer			\$	\$	\$	\$	\$
Summer			\$	\$	\$	\$	\$
Summer			\$	\$	\$	\$	\$
Summer			\$	\$	\$	\$	\$
Summer			\$	\$	\$	\$	\$

\*Busing not available for March Break Camps and Summer Camp Session 5.

Camp T-shirt (indicate size)

Child  
 Adult  
 S M L XL

Please add my tax-deductible donation of

**TOTAL**

\$

Group my child with: \_\_\_\_\_ (we cannot guarantee this placement.)

Payment Info

Full Payment Enclosed by:  Visa  MasterCard  Amex  Cheque  Money order

Credit Card #: \_\_\_\_\_ Expiry Date (Month/Year): \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature \_\_\_\_\_

Deposit of \$ \_\_\_\_\_ (must be \$100 per camp per session) AND a post-dated cheque or credit card payment for the balance of \$ \_\_\_\_\_

Post-date Summer Camps payments no later than May 31, 2012. (Both cheques must be enclosed. Outstanding credit card balances will be charged on May 31, 2012.)

- Where did you hear about us?  Returning Camper  Friend  Website  Harbourfront Centre  Library  
 Our Kids Go To Camp  School  Daily Paper  Community Paper  City Parent  The Little Paper  
 Post City Magazines  Today's Parent

Harbourfront Centre respects your privacy. We adhere to all legislative requirements with respect to protecting your privacy. We do not rent, sell or trade our mailing lists without your permission. The information you provide will be used to deliver services and to keep you informed and up to date about Harbourfront Centre activities. If you do not wish to receive this information, simply call 416-973-4000, x4800 and we will accommodate your request.

Please be advised that your child(ren) may be photographed or videotaped by the media at any time during camp for the purpose of Harbourfront Centre publicity/advertising. If you have any concerns, please notify us at 416-973-4093.

I/We agree that Harbourfront Centre, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Harbourfront Centre Camps activities UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of Harbourfront Centre or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

Signature of Parent/Guardian \_\_\_\_\_