



# The Native Canadian Centre of Toronto Summer Day Camp



## REGISTRATION FORM

**Please contact us if you need any assistance or if you have any questions. Thank you.**

Toronto Native Canadian Centre of Toronto  
16 Spadina Rd Toronto, ON. M5R 2S7  
Tel.: (416)964-9087 Fax: (416) 416-964-2111,  
[www.ncct.on.ca](http://www.ncct.on.ca), [Sheila.Kebokee@ncct.on.ca](mailto:Sheila.Kebokee@ncct.on.ca)

Camper Name: \_\_\_\_\_

**Primary Care Giver:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_  
Bus. #: (\_\_\_\_) \_\_\_\_\_  
Cell. #: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Secondary Care Giver:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Telephone#(\_\_\_\_) \_\_\_\_\_  
Bus.# (\_\_\_\_) \_\_\_\_\_  
Cell. #: \_\_\_\_\_  
Email: \_\_\_\_\_

Are there Special Circumstances that the camp should be aware of relating to the family situation?  
\_\_\_\_\_

\*Please note that if there are special custody arrangements due arrangement pick-up please inform the when the child is going to be picked up by the other parent.

**MAILING ADDRESS OF PRIMARY CARE GIVER:**

Street: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**MAILING ADDRESS OF SECONDARY CARE GIVER (IF SAME AS ABOVE DO NOT FILL IN):**

Street: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**EMERGENCY CONTACT: (if above cannot be reached)**

Name: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Has your child ever attended this camp before? Yes \_\_\_\_ No \_\_\_\_  
If Yes, what date? \_\_\_\_\_  
What was the experience She/he liked? \_\_\_\_\_

*We cannot give any type of medication during this camp.*

A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child's health prior to their arrival at camp.

Camper Name: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Does your camper have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they allergic to? \_\_\_\_\_

Does this allergy require an epi-pen? \_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medication? \_\_\_\_\_

Are there any medical restrictions that we should be aware of? \_\_\_\_\_

Are there any behavior/special considerations that the camp should know about in order to better facilitate their experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Day Camp is a program of the Native Canadian Centre of Toronto, which is a not-for-profit organization for 7 - 12 yrs of age to learn about native heritage and culture.

If you would like to donate to the Day Camp fund, a tax receipt will be issued.

I would like to learn more about this program, please call me at: \_\_\_\_\_

I would like to donate \$ \_\_\_\_\_ to the summer camp.

Please issue the tax receipt for my donation to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Thank you

**CHECKLIST:** Please read the following carefully to ensure that your Registration is processed correctly.

- All sections of the Registration Form must be completed.
- Please ensure that you have signed where indicated in the Parent's Authorization section.
- Please ensure that the camp has all appropriate information.
- Any health information that changes, needs to be communicated IN WRITING before your child starts. I hereby give consent for my child to participate in the full and all activities unless I advise you in writing. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases.
- In permitting my child to attend camp at the Native Canadian Centre of Toronto, I permit my child to participate in the full range of camp activities, including off-site activities. I have provided the Native Canadian Centre of Toronto with all the necessary medical information. I hereby authorize the operators of this camp to secure medical care for my child in the case of an emergency. Every effort will be made to contact a parent/guardian in the case of an emergency.
- I understand that I may be required to pick up my child earlier than the agreed upon time if the camp leader determines that my child is acting in a manner that is disruptive to the other campers.
- I understand that the pictures taken at camp may be used for promotional purposes.
- In order to participate in the programs offered by the Native Canadian Centre of Toronto, I understand that myself, my children, and all those related to me, release the Native Canadian Centre of Toronto and its staff and volunteers from all or any claims, damages, costs, expenses and causes of action. Furthermore, I agree to indemnify and save harmless the Native Canadian Centre from and against any and all liability incurred as a result of, or in any way connected with, my participation in the Native Canadian Centre of Toronto Summer Day Camp, including without limitation any claims made or brought on behalf of any claimant.

\_\_\_\_\_  
Parent/Guardian Signature Date