

2020 SPONSORED GUEST CAMP CRICKET REGISTRATION



Name of Sponsoring Member _____

Did your child attend Camp Cricket last year? Y N

FAMILY INFORMATION

Child's Name _____

Male Female

Date of Birth _____

Age as of Dec. 31/2020 _____

Mother

Father

Last Name _____

Last Name _____

First Name _____

First Name _____

Home Phone _____

Home Phone _____

Bus. Phone _____

Bus. Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Home address of Camper: _____ Postal Code: _____

Emergency Contact

In the event of an emergency, if the parents are unavailable, we can call:

Name _____ Phone _____ Relationship to child _____

IMPORTANT INFORMATION ABOUT YOUR CHILD

Medical Information

Food / Other Allergies Y N Please specify _____ Does your child carry an epi-pen? Y N

Health Card # _____ Family Doctor _____ Phone # _____

Additional medical information _____

Please remember that all required medication must accompany your child to our programs. Medication directions must be included - all medication must be current.

PEOPLE AUTHORIZED TO PICK UP CAMPER FROM CAMP (MUST BE COMPLETED):

Is your child allowed to leave Camp Cricket property alone? Y N

Before Care After Care Both
\$35/wk (8-9 am) \$45/wk 4-6 pm \$55

I authorize my child to be released to the following people:

Name	Relationship to Camper	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Your child will **NOT** be released to anyone other than those listed on this form. The authorized person(s) signing the camper registration form acknowledge that written notice of any additions/deletions to the authorized persons list above must be made in writing to Dori Wilner, Children's Program Coordinator.

CHILD'S NAME _____

HOW DID YOUR HEAR ABOUT CAMP CRICKET? Returning from last year Club Website New Member Friend Other

WEEK Weeks #3 and #8: 4 days		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
		JUN 15	JUN 22	JUN 29	JUL 6	JUL 13	JUL 20	JUL 27	AUG 4	AUG 10	AUG 17	AUG 24	AUG 31
		JUN 19	JUN 26	JUL 3	JUL 10	JUL 17	JUL 24	JUL 31	AUG 7	AUG 14	AUG 21	AUG 28	SEP 4
Little Einsteins (4-5 yrs.)													
Tiny Tots (4 yrs.)	Full Day												
	Half Day AM with lunch												
	Half Day AM no lunch												
	Half Day PM with lunch												
	Half Day PM no lunch												
Junior Multi-Activity (5-8 yrs.)													
Tween Multi-Activity (9-13 yrs.)													
Science (5-8 yrs.)													
Dance	Mini Dance (6-9 yrs.)			1/2 PM									1/2 PM
	Junior Dance (8-10 yrs.)				1/2 PM								
Creative Arts (6-10 yrs.)													
Sports Stars (6-10 yrs.)													
Coding/Robotics (7-13 yrs.)													
Cooking (8-12 yrs.)						1/2 AM				1/2 AM			
Squash (10+ yrs.)													
Tennis (4-16 yrs.)	#1 - Recreational												
	#2 - Progressive Competitive												
	#3 - Recreational												
	#4 - Tournament Play												
Swimming	Novice (8+ yrs.)				1/2 AM	1/2 AM							
	Competitive					1/2 AM	1/2 AM				1/2 AM	1/2 AM	

TERMS AND AGREEMENTS

- I acknowledge that all fees are non-refundable after the start of the session. Cancellations received within two weeks prior to the start date will be granted a 50% refund of fees only. Cancellation requests must be received in writing. If no notice is received prior to the start of camp, no refund will be issued.
- I acknowledge that my child can participate in all camp activities on Cricket Club property.
- I acknowledge that camp staff, in the event of an emergency, may use their reasonable discretion on behalf of the child, including using first aid treatment and/or arranging for emergency medical care, at the expense of the undersigned.
- I agree to hold the Cricket Club harmless for any personal injuries sustained by my child or any other person and for the loss or damage which my child has brought to the Club property.
- I agree that the information given on this Camper Registration form is true and correct.
- I understand that Camp Cricket protects the privacy of personal information and personal health information in accordance with prevailing privacy legislation and with its Privacy Policy. I hereby consent to the collection, use and disclosure of personal information and personal health information about myself, the camper and the campers' family for the purpose identified in the privacy policy.
- I acknowledge and agree that the Club may use photographs of Camp Cricket programs and the participants therein for promotional purposes.

Parent Signature _____ Parent Signature _____ Date _____

Both parents must sign the Camper Registration form. If only one parent signs, the Camp will assume that such parent has authority to do so and takes responsibility for payment of camp fees. Camp Cricket registrations are accepted in person, by mail, fax or email. **Sponsored guests registrations will be processed on a first come, first serve basis starting March 2 and must be accompanied by full payment by cash or cheque in order to be processed.**

CAMP SWIM ASSESSMENT FORM

SUMMER 2020

This form does not apply to children enrolled in Coding/Robotics, Cooking, Dance, Tennis or Squash Camps

PERSONAL INFORMATION

Camper's Last Name _____ First Name _____ Camper's Age: _____

WEEK	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
	JUN 15	JUN 22	JUN 29	JUL 6	JUL 13	JUL 20	JUL 27	AUG 4	AUG 10	AUG 17	AUG 24	AUG 31
	-	-	-	-	-	-	-	-	-	-	-	-
	JUN 19	JUN 26	JUL 3	JUL 10	JUL 17	JUL 24	JUL 31	AUG 7	AUG 14	AUG 21	AUG 28	SEP 4
Little Einsteins								4 days				
Tiny Tots	Full Day	4 days										
	Half Day AM	4 days										
Junior Multi-Activity		4 days						4 days				
Tween Multi-Activity												
Sports Stars		4 days						4 days				
Science												
Creative Arts												

PART 1 - SWIMMING HISTORY

1. Has your child taken swimming lessons before? YES NO

2. If yes, what was the last level your child completed? _____

Lifesaving Society (Swim for Life) Red Cross (Swim Kids) YMCA City of Toronto ULTRA Other

To help ensure your child's swim progress is current, please attach a copy of your child's most recent swim program report to this form. If there are

PART 2

1. Has your child had any negative swim experiences? YES NO

If yes, please give details: _____

2. Does your child have any medical conditions, behavioural, emotional or learning issues that staff should be aware of? YES NO

All medication will be brought to the pool. Please remember that all required medication must accompany your child to our programs. Medication directions must be included - all medication must be current.

3. Please indicate which, if any of the following apply to your child:

Fearful of water Wears hearing aids Must wear ear plugs - Does your child know how to put them in by themselves? YES NO

Please provide any additional information that you feel would help us to ensure a positive experience:

All of the above information is true and complete and may be relied on by Camp Cricket.

Parent / Guardian Name Parent / Guardian Signature Date

Parent / Guardian Name Parent / Guardian Signature Date

If only one parent / guardian signs as to the truth, completeness and contents of this form, the Camp may rely on the authority of such parent / guardian.

NOT SURE OF YOUR CHILD'S LEVEL?

We keep an up-to-date database of our members swim progress. We can do an assessment free of charge. Call the Pool Office for an appointment at ext. 2261.