

# 2022 CAMP CRICKET GUEST REGISTRATION FORM



Please complete all sections of this form and drop off the completed form along with your cheque at the Club at least two weeks prior to the first day of camp.

Sponsoring Member \_\_\_\_\_ Did your child attend Camp last year? Y N

Child's Name \_\_\_\_\_

Date of Birth MM / DD / YYYY Age as of Dec. 31/2021 \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

## FAMILY INFORMATION

### Parent/Guardian

### Parent/Guardian

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT

In the event of an emergency, if parent/guardian is unavailable, we can call

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

## PEOPLE AUTHORIZED TO PICK UP CAMPER FROM CAMP

Do you give permission for your child to leave Camp Cricket property alone? Y  N

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 Jay Stenzler, Recreation Manager.

## MEDICAL INFORMATION

Health Card # \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

## ANAPHYLACTIC ALLERGIES

Does your child have any anaphylactic (life threatening) allergies? Y  N

If yes, please list the anaphylactic allergy \_\_\_\_\_

Type of auto injector  EpiPen Adult  EpiPen Junior  Allerject Adult  Allerject Junior

Date of last anaphylactic reaction MM / DD / YYYY

**OTHER ALLERGIES** (please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Nuts/Peanuts/Tree nuts            | <input type="checkbox"/> Dairy                               | <input type="checkbox"/> Other Food, please specify _____ |
| <input type="checkbox"/> Hay Fever (pollen, grass, spores) | <input type="checkbox"/> Latex (gloves, band-aids, balloons) |   |
| <input type="checkbox"/> Medication, please specify _____  | <input type="checkbox"/> Animals, please specify _____       |   |
| <input type="checkbox"/> Insects, please specify _____     | <input type="checkbox"/> Other, please specify _____         |   |

**OTHER MEDICAL INFORMATION**

Please list any diagnosed behavioural conditions (i.e. ODD, CD, ADHD) \_\_\_\_\_

Additional information \_\_\_\_\_

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

**OTHER HEALTH ISSUES AND AIDS** (please check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Bowel issues    |
| <input type="checkbox"/> Bleeding disorder           | <input type="checkbox"/> Blood pressure (high/low) | <input type="checkbox"/> Cancer          | <input type="checkbox"/> Concussion      |
| <input type="checkbox"/> Contact lenses              | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Depression      | <input type="checkbox"/> Ear infections  |
| <input type="checkbox"/> Ear tubes                   | <input type="checkbox"/> Ear plugs                 | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Headaches                   | <input type="checkbox"/> Head lice                 | <input type="checkbox"/> Hearing         | <input type="checkbox"/> Hearing aids    |
| <input type="checkbox"/> Hernia                      | <input type="checkbox"/> Migraines                 | <input type="checkbox"/> Nose bleeds     | <input type="checkbox"/> Prosthesis      |
| <input type="checkbox"/> Seizures                    | <input type="checkbox"/> Sinus trouble             | <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Stomach aches   |
| <input type="checkbox"/> Other, please specify _____ |  |  |  |

**DIETARY REQUIREMENTS**

**To ensure the safety of all campers please provide specific Dietary Restrictions and Allergies within 72 hours of the start of Camp. Any last-minute submissions cannot be guaranteed. Thank you for your understanding.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Regular   | <input type="checkbox"/> Lactose intolerant               | <input type="checkbox"/> Semi-Vegetarian (no beef or pork) |
| <input type="checkbox"/> Lacto-Ovo Vegetarian (no beef, pork, chicken, seafood, or fish) | <input type="checkbox"/> Vegan (no meats, eggs, or dairy) |  |
| <input type="checkbox"/> Celiac / Gluten free  |   |  |
| <input type="checkbox"/> Other food restrictions, please specify _____                   |   |  |

# Camp Registration

Please select the camp you wish to register for and the options you require.

Camp Cricket						
Camp Options	Session 1 (July 4-15)	Session 2 (July 18-24)	Session 3 Week 1 (August 2-5)	Session 3 Week 2 (August 8-12)	Session 4 Week 1 (August 15-19)	Session 4 Week 2 (August 22-26)
Full Day						
1/2 Day with Lunch (ages 4 & 5 only)						
1/2 Day without lunch (Ages 4 & 5 only)						
Sports Camp						
Camp Options	Session 1 (July 4-15)	Session 2 (July 18-24)	Session 3 Week 1 (August 2-5)	Session 3 Week 2 (August 8-12)	Session 4 Week 1 (August 15-19)	Session 4 Week 2 (August 22-26)
Full Day						
1/2 Day with Lunch (ages 4 & 5 only)						
1/2 Day without lunch (Ages 4 & 5 only)						

Tennis Camp											
Camp Options	Week 1 (June 20-24)	Week 2 (June 27-30)	Week 3 (August 2-5)	Week 4 (July 4-8)	Week 5 (July 18-22)	Week 6 (July 25-29)	Week 7 (Aug. 2-5)	Week 8 (Aug. 8-12)	Week 9 (Aug. 15-19)	Week 10 (Aug.22-16)	Week 11 (Aug. 29- Sep. 2)
Recreational (Ages 4-8)											
Progressive Competitive (Ages 6-10)											
Recreational (Ages 9-14)											
Tournament Play (Ages 8-14)											

Squash Camp											
Camp Options	Week 1 (June 20-24)	Week 2 (June 27-30)	Week 3 (August 2-5)	Week 4 (July 4-8)	Week 5 (July 18-22)	Week 6 (July 25-29)	Week 7 (Aug. 2-5)	Week 8 (Aug. 8-12)	Week 9 (Aug. 15-19)	Week 10 (Aug.22-16)	Week 11 (Aug. 29- Sep. 2)
Full Day											

Other Camp Options			
Early Drop-Off		Number of Days required	
Late Pick-up		Number of weeks required	
LEAD/CIT Program		For which camp session	

## Swimming Assessment

### SWIMMING ASSESSMENT

Has your child taken swimming lessons previously? Y  N

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 placement is correct, please attach a copy of your child's most recent swim program report to this form. If there have been changes since this form was completed, please inform the Camp Swim Director so that we have the most current swim information for your child.**

Has your child had any negative swim experiences? Y  N

If yes, please provide details \_\_\_\_\_

Does your child have any medical conditions, behavioural, emotional or learning issues of which the swimming staff should be aware? Y  N

*Please remember that all required medication must accompany your child to our programs.*

*Medication directions must be included and all medication must be current. All medication will be brought to the pool with your child.*

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? Y  N

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

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# 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 refund minus \$200 which can be used at a later camp. 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.

## PHOTOGRAPHY

I agree to allow my child to be photographed, which may be used for promotional purposes. (ie, camp brochure, social media, etc.)

Yes I agree

No I do not agree

By signing below, I confirm all of the above information is true and complete and may be relied on by Camp Cricket

_____	_____	MM / DD / YYYY
Parent / Guardian Name	Parent / Guardian Signature	Date

_____	_____	MM / DD / YYYY
Parent / Guardian Name	Parent / Guardian Signature	Date

How did you hear about Camp Cricket?

Returning from last year

Club Website

New Member

Friend

Other

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 (April 1 for Tennis Camps) and must be accompanied by full payment by cash or cheque in order to be processed. Cheques should be made payable to Toronto Cricket Skating and Curling Club.