

# AGREEMENT

1. I hereby grant permission for her/ him to participate in WORD camp and to receive emergency medical care as directed by a physician if I cannot be contacted and she/he is in need of such care.
2. I hereby release Youth Unlimited, its staff and sponsors from responsibility and liability of any injury or illness that my child may sustain during her/his participation in WORD camp.
3. I give permission to Youth Unlimited to use photographs and any other media representation of myself and my family members at the discretion of the mission.

4. I release Youth Unlimited, its officers, directors, volunteers and its staff from any and all responsibility/liability that may arise as a result of the use of such photos/media.

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

\_\_\_\_\_  
Date

Register online at:  
[www.standrewscarborough.com](http://www.standrewscarborough.com)

## STAFF ONLY

Amount Received: \_\_\_\_\_  
Payment Received: YES / NO (circle)

\_\_\_\_\_  
Staff Signature



[www.youthunlimitedgta.ca](http://www.youthunlimitedgta.ca)

57 Mobile Drive | Toronto | ON | M4A 1H5

# DOXA Presents WORD! Daycamp



## ST. ANDREW'S PRESBYTERIAN CHURCH SCARBOROUGH



**JULY 9-13**  
**JULY 16-20**



**FOR STUDENTS ENTERING GRADES 1-5**

[YOUTHUNLIMITEDGTA.CA](http://YOUTHUNLIMITEDGTA.CA)

St. Andrew's Presbyterian Church

115 St Andrews Rd. | Scarborough, Ontario | M1P 4N2

## REGISTRATION

**\$80 per child.** Please make cheques payable to Youth Unlimited. Subsidy available for up to 100% of the program cost as needed.

## PROGRAM TIME

8:30am – 3:30pm  
Monday – Friday  
July 9 - 20, 2018

## Snacks

A healthy light snack will be provided.

For more information, or to discuss after care please email: [alainvirgin@yugta.ca](mailto:alainvirgin@yugta.ca)

## PERSONAL BELONGINGS

Please label all personal belonging with your child's first and last name. *\*We are not responsible for any lost or stolen items.*

## Friday Area Outings

On Fridays we will go on outings for the day.

*Please ensure your child has appropriate dress for outdoors and swimming/wading each day.*

## REGISTRATION INFORMATION

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

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

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

Gender \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

YYYY / DD / MM

2018-2019

Grade:            1            2            3            4            5

Gender: \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Who Is Authorized to Pick Up Your Child: \_\_\_\_\_

Subsidies are available where needed. If the \$80/person cost creates a barrier for your kid(s) attending camp, please circle Yes.            No

T-Shirt size?

Circle which week(s) you are registering for: July 9-13            July 16-20

Total Payment: \_\_\_\_\_ Method: \_\_\_\_\_

**Cost: \$80**

