



# CORYDON COMMUNITY CENTRE



## SUMMER CAMP REGISTRATION FORM 2019

Registrant's Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Birth Date (dd/mmm/yy) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender:  Male  Female

Parent/Guardian's Name: \_\_\_\_\_ Alternate Ph No: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Alternate Ph No: \_\_\_\_\_

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

Child's Medical No. (9 digits): \_\_\_\_\_ Family Medical No. (6 digits) \_\_\_\_\_

### **Emergency Contacts and Pick-up Authorization**

The following people should be contacted in case of emergency only if parent(s) or guardian(s) cannot be reached AND are authorized to pick up the child:

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

Relationship to child: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_  
(Evening) \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_  
(Evening) \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_  
(Evening) \_\_\_\_\_

### **Medical Information**

Does your child have any allergies, medical restrictions, or difficulties of any kind (i.e. hearing, speech, vision, behavior) that we should be aware of – please be specific:

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

*\*note: Summer Camps are nonrefundable and non-transferable*

**SIR JOHN FRANKLIN**  
1 Sir John Franklin Road

**RIVER HEIGHTS**  
1370 Grosvenor Avenue  
(204) 488-7000

**CRESCENTWOOD**  
1170 Corydon Avenue



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## **Consent to collect, use, and disclose personal information**

I understand that, by completing this form Corydon Community Centre is collecting certain personal information about my child, me, and other members of my family (including, if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in the Community Centre's Sport/Recreation/Youth Programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), Coach(es), Manager(s), Staff, and the use of such disclosed personal information by such association(s), group(s), Coach(es), Manager(s), and Staff as may reasonably be required in order to conduct the Community Centre Sport/Recreational/Youth Programs.

I hereby consent to such collection, use, and disclosure of this personal information.

Name of Registrant: \_\_\_\_\_

Name of Parent and/or Guardian of Registrant (please print): \_\_\_\_\_

Signature of Parent and/or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent to participate**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give my/our consent for him/her to participate in the program selected above. I/We understand that Corydon Community Centre, or its instructors will not be held responsible for any accident, injury, or loss, however caused and to agree to release the aforesaid from all claims or damages which may arise as a result of, or by reason of, such accident, injury, loss, or medical expense.

1. In the event that my child needs immediate medical attention for injuries received while participating in a Corydon CC program, I authorize the staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services, and to release medical information to medical providers as needed.
2. My child has my permission to attend and participate in all Corydon CC Summer Program Field Trips whether they are walking or being transported by bus.
3. I hereby acknowledge that Corydon CC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on the file at the Corydon CC office that indicates otherwise.
4. I hereby release all pictures of my child taken by Corydon CC for promotional purposes and programming materials.
5. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings everyday of the program. If Corydon CC staff are required to administer and use the epi-pen, I agree to forever release and discharge Corydon CC and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen.
6. I understand that my child must be potty trained.
7. I give my permission for Corydon CC staff to administer sunscreen as needed.

Name of Registrant: \_\_\_\_\_

Name of Parent and/or Guardian of Registrant (please print): \_\_\_\_\_

Signature of Parent and/or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## SUMMER CAMP REGISTRATION FORM 2019

### Sports Camp (6-12 yrs old)

- July 2-5: Dodgeball
- July 8-12: It's a Sport!  
(unique sports – bowling/golf& more!)
- July 15-19: Tennis (tennis/table tennis)
- July 22-26: Kids on the Court  
(volleyball/badminton/pickleball)
- July 29-Aug 2: Track & Field
- Aug 6-9: Baseball
- Aug 12-16: Winter Week (hockey/skating/curling)
- Aug 19-23: Soccer
- Aug 26-30: Variety Week (ALL sports!)

\*Must be 6 by September 1<sup>st</sup>, 2019

### Specialty Camp (6-12 yrs old)

- July 2-5: Art Attack!
- July 8-12: Fun with Science
- July 15-19: Dare to Dance
- July 22-26: Cookin' at Camp
- July 29-Aug 2: Our Planet
- Aug 6-9: How It's Made
- Aug 12-16: Field Trip Week
- Aug 19-23: Move Your Body!
- Aug 26-30: Under the Big Top

(clown/circus/magic)

\*Must be 6 by September 1<sup>st</sup>, 2019

### Day Camp (6-12 yrs old)

- July 2-5: It's a Jungle!
- July 8-12: Space is the Place
- July 15-19: Challenge Week
- July 22-26: Creative Kids
- July 29-Aug 2: Sports of All Sorts!
- Aug 6-9: Oh, The Places We'll Go
- Aug 12-16: Makin' a Splash!
- Aug 19-23: Science Rules
- Aug 26-30: Day Camp's Got Talent

\*Must be 6 by December 31<sup>st</sup>, 2019

### Tot Camp (3-5 yrs old)

- July 2-5:  Full Day  1/2 Day AM  1/2 Day PM
- July 8-12:  Full Day  1/2 Day AM  1/2 Day PM
- July 15-19:  Full Day  1/2 Day AM  1/2 Day PM
- July 22-26:  Full Day  1/2 Day AM  1/2 Day PM
- July 29-Aug 2:  Full Day  1/2 Day AM  1/2 Day PM
- Aug 6-9:  Full Day  1/2 Day AM  1/2 Day PM
- Aug 12-16:  Full Day  1/2 Day AM  1/2 Day PM
- Aug 19-23:  Full Day  1/2 Day AM  1/2 Day PM
- Aug 26-30:  Full Day  1/2 Day AM  1/2 Day PM

\*Must be Potty Trained

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# CORYDON COMMUNITY CENTRE



## Preauthorized Credit Card Payment Authorization Form

I authorize Corydon Community Centre to charge my credit card identified below, on or around the 1st business day of each month identified in the schedule below, for the amounts and registration/billing detailed below. The entry on my credit card statement will constitute a receipt. The monthly credit card option may be discontinued by Corydon CC or me upon written notice.

\_\_\_\_\_  
Card holder Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Card holder printed name

\_\_\_\_\_  
Phone or Email Contact information

Visa : \_\_\_\_\_

exp: \_\_\_\_ / \_\_\_\_ cvc # \_\_\_\_\_

MasterCard : \_\_\_\_\_

exp: \_\_\_\_ / \_\_\_\_ cvc # \_\_\_\_\_

Program: Summer Camp 2019

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

Month	Amount

Month	Amount

**SIR JOHN FRANKLIN**  
1 Sir John Franklin Road  
(204) 489-9537

**CRESCENTWOOD**  
1170 Corydon Avenue  
(204) 452-9844

**RIVER HEIGHTS**  
1370 Grosvenor Avenue  
(204) 488-7000