



# Summer Institute Registration Form

By completing this form, you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the YMCA: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf. Please note this agreement requires you to read the Program Agreements on pages 5 and 6.

**Please provide your email address below to receive your registration confirmation, newsletters and information guide!  
IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED, INCLUDING BANKING INFORMATION**

### MAIN CONTACT

LAST NAME:	LEGAL FIRSTNAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTALCODE:
EMAIL:		

### SECONDARY CONTACT/ALTERNATE

LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTALCODE:
EMAIL:		

### CAMPER INFORMATION

LAST NAME:	LEGAL FIRST NAME:	GENDER:
BIRTHDATE (MM/DD/YY):		
ADDRESS:	CITY:	POSTALCODE:

### EMERGENCY PICK UP or ALTERNATE PICK UP

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by YMCA staff when the parent/guardian can't be reached.

RELATIONSHIP: \_\_\_\_\_

LASTNAME: \_\_\_\_\_ LEGAL FIRSTNAME: \_\_\_\_\_

HOMEPHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to the YMCA. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by YMCA staff. I hereby agree that any behaviour of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the YMCA reserves the right to alter the program at any time without notice or compensation to the Registrant.

**I have read and understand the Code of Conduct. Signature:** \_\_\_\_\_

**Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?**

Yes  No                      If yes, we will contact you for additional information.

**HEALTH HISTORY AND PERSONAL INFORMATION**

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Program Manager, Wellness Staff and your child’s counselors. If there is additional information of a sensitive nature, please feel free to send a separate letter marked ‘confidential’ to the attention of the Program Manager or Wellness Staff. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination.

**Is the participant under any form of treatment for an illness, condition or injury?**  Yes  No

If yes, please explain and detail routines, medications, adaptations etc. We also require you to complete a Medication Dispensing Form.

**Does your child have any medical or behavioural conditions that we should be aware of?**  Yes  No

If yes, please take a moment to explain:

**Does your child use a puffer?**  Yes  No

**Carries Epi-pen:**  Yes  No

For: \_\_\_\_\_

**Wears Medic-Alert Bracelet:**  Yes  No

For: \_\_\_\_\_

**Allergies**

Seasonal  Yes  No \_\_\_\_\_

Drugs  Yes  No \_\_\_\_\_

Food  Yes  No \_\_\_\_\_

Insect  Yes  No \_\_\_\_\_

Other  Yes  No \_\_\_\_\_

**Dietary needs or restrictions (please provide details below):**  Gluten free  Lactose intolerant  Vegetarian  Other

## YMCA SUMMER INSTITUTE SELECTION

### Summer Institute Locations:

Lake Wilcox P.S.    Oscar Peterson P. S.    Unionville Meadows P.S.    Crosby Heights @ Beverly Acres P.S.  
 Aldergrove P.S.    Woodbridge P.S.    Lakeside @ Fairwood P.S.    Discovery P.S.  
 Sixteenth Avenue @ Langstaff P.S.    Armadale P.S.    Maple Leaf P.S.

Date	Summer Institute Location	Indicate below program required			Total Session Fee
		A.M	P.M.	Both	
*Jul 2 - Jul 5		\$34	\$57	\$90	\$
Jul 8 - Jul 12		\$42	\$72	\$114	\$
Jul 15 – Jul 19		\$42	\$72	\$114	\$
Jul 22 – Jul 26		\$42	\$72	\$114	\$
Jul 29– Aug 2		\$42	\$72	\$114	\$
*Aug 6-9		\$34	\$57	\$90	\$
<b>Subtotal</b>					\$
<b>TOTAL</b>					\$
*Short Week : Closed Monday July 1 <sup>st</sup> and Monday August 5 <sup>th</sup>					

## GOVERNMENT CHILDCARE FEE ASSISTANCE

Do you currently receive governmental childcare fee assistance?

- No  
 Yes

To ensure Government Child Care Fee Assistance families are not responsible for the full-fee, the YMCA Summer Institute Registration Form must be received two weeks prior to the first requested program session and payment information must be provided. Two weeks written notice is required to withdraw or request changes to registration.

## CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

You will receive confirmation of registration within two weeks of receipt of your completed forms. If you have not received your confirmation of registration within two weeks please contact our YMCA Administration Office at **905-943-9622** or **1-866-317-6251 ext. 333** to make sure your registration was received.

Requests for cancellations or refunds must be made in writing and emailed to the YMCA Administration Office, Attention Summer Institute, [summerinstitute@ymcagta.org](mailto:summerinstitute@ymcagta.org). Cancellation requests received at least 28 days before the start of the program will receive a refund minus an administration fee of \$10.00. Cancellation requests received with less than 28 days notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after 12

p.m. on the Friday before the program session starts will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather. Refund requests received after August 10, 2018, will not be granted.

I have read and understand the Cancellation and Refund Statement. Signature: \_\_\_\_\_

**PAYMENT METHOD**

Total Fees Due \$ \_\_\_\_\_

Please indicate your payment method below.

**CREDIT CARD - Please complete credit card # below dotted line:** (check one)

AMEX  VISA  MASTERCARD

NAME ON CREDIT CARD: \_\_\_\_\_ COMPLETE CREDIT CARD #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

**Cheque - Please make cheque payable to YMCA of Greater Toronto**

**Money Order - Please make payable to YMCA of Greater Toronto**

**Bill 3<sup>rd</sup> Party Organization**

Name of Funding Provider: \_\_\_\_\_ Amount of payment \$ \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Contact # \_\_\_\_\_

If you are not paying in full at the time of registration, please complete the PRE-AUTHORIZED PAYMENT/DEBIT AUTHORIZATION below.

**PRE-APPROVED PAYMENT/DEBIT AUTHORIZATION**

**Not Applicable**

Approved Payment/Debit Authorization form from all payers is required before a new registration will be processed or the current payment agreement can be amended. (This does not include government childcare fee assistance.) All paying parties may be notified of a possible termination of camp session after the first declined payment.

**Important: All payers excluding a business/organization will receive a tax receipt for their portion of fees paid.**

I hereby authorize the YMCA of Greater Toronto to withdraw my equalized fees balance as detailed below. I understand and agree that full payment of fees is required on the scheduled monthly draw date. During or after my registration period, the YMCA will reschedule a declined payment from my bank account, plus any administrative charges.

**RECOURSE STATEMENT:**

"I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution, or visit [www.cdnpay.ca](http://www.cdnpay.ca)."

**CANCELLATION OF AGREEMENT:**

"I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution, or visit [www.cdnpay.ca](http://www.cdnpay.ca)."

**PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM**

**PURPOSES:** For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an “**Authorized Third Party**”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the “**Purposes**”). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

**By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA and any Authorized Third Party for the Purposes.**

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the “**Work Product**”). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

**I agree that I will not bring or consent to others bringing a claim or action against the YMCA** on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective** officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version.

**By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.** Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Signature of Witness \_\_\_\_\_ Signature of Participant \_\_\_\_\_

Print Name of Parent or Guardian, if applicable \_\_\_\_\_

Signature of Parent or Guardian, if applicable \_\_\_\_\_

**ASSUMPTION OF RISK AND INDEMNIFYING RELEASE**

While YMCA staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a YMCA program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the YMCA of Greater Toronto ("YMCA"), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

\_\_\_\_ **PLEASE INITIAL**

**MEDICAL EMERGENCIES**

In the event of an accident, injury or illness involving the registrant, and immediate contact by the YMCA with a designated contact cannot be made, I hereby authorize and grant permission to YMCA staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the YMCA responsible for any costs or injury arising out of an emergency situation. **PLEASE INITIAL**

**COMMITMENT TO PRIVACY**

The YMCA of Greater Toronto is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a YMCA program, in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on our commitment to privacy, or if you do not wish to receive such communications from the YMCA, please visit our website at [ymcagta.org](http://ymcagta.org) and click on "Privacy" or call the YMCA Administration Office at **416-928-9622/1-800-223-8024**. **PLEASE INITIAL**

**DISCLAIMER**

All programs and busing are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program or bus. **PLEASE INITIAL**

**REGISTRATION AGREEMENT**

**By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer. PLEASE INITIAL**

Date: \_\_\_\_\_

Camper name: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received:	Date Processed: _____		Staff Initials:
	Receipt Sent by:	<input type="checkbox"/> Email: <input type="checkbox"/> Mail:	Barcode: _____