



Saint John Boys & Girls Club Youth Leadership Camp 2018 Registration Form

Ages 12-15 – Limited Space: 15 campers/week

Before your youth is registered, the Boys and Girls Club of Saint John must receive all pages filled out in full and signed consent forms. Please use one form for each youth.

Personal Information:

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age as of June 25, 2018	
Mailing Address:		City:	Province:	Postal Code:	
Medicare #:	Expiry Date:	Date of Birth:	Home Phone #: ()		
Parent/Guardian's Name:			Parent/Guardian's Name:		
Occupation:	Work Phone#:	Occupation:	Work Phone#:		
Cell Phone:		Cell Phone:			
Email Address:		Email Address:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		With whom has the child lived for the most of the past year? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____			
Siblings: Name _____ Age _____ Name _____ Age _____ Name _____ Age _____		Other people living in the home: Name: _____ Relationship _____ Name: _____ Relationship _____			
What languages are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____					
Emergency Contact: (different from parent/guardian) Name: _____ Relationship: _____ Home #: _____ Work #: _____			Emergency Contact: (different from parent/guardian) Name: _____ Relationship: _____ Home #: _____ Work #: _____		
Who has permission to pick up your child from the program? _____ _____ _____			Is there anyone who does not have permission to pick up your child from the program? _____ _____ _____		

Medical Information:

Family Physician: _____ Phone Number: _____

Please indicate if your child has had any of the following: Please indicate if your child has any of the following:

Medical History:	Yes	No	Health Status:	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Autism/Aspergers	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping Cough)	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please note any medications that your youth is taking or has taken in the last 6 months. (include any behaviour modification medications i.e. Ritalin)

Please indicate any situations where emergency treatment and/or medication(s) may be required by your youth (ie. Epipen, Benadryl)

Allergies: Please list any medication, food or other allergies your child has:

Will your youth require Day Camp transportation service? Yes _____ No _____

**Leadership Camp Transportation Service – Daily pick up between 8:30am – 9am and drop off between 4pm – 4:30pm.*

Parent(s) Signature: _____

Date: _____

ATTENTION:

*Please do not check off a week if your camper does **not** plan on attending. The amount of each camp registration will be automatically withdrawn from your bank account before the start of each camp. You must give 2 weeks written notice to avoid charges to your account. Email your written notice to Doreen Robichaud Doreen.robichaud@sjclub.ca. Thank you!*

Please check which weeks you would like to register your youth, we only have space for 15 youth/week:

Dates	√
<i>June 25-29</i>	
<i>July 2-6</i>	
<i>July 9-13</i>	
<i>July 16-20</i>	

Dates	√
<i>July 23-27</i>	
<i>July 30- Aug 3</i>	
<i>Aug 6-10</i>	
<i>Aug 13-17</i>	

THE BOYS AND GIRLS CLUB OF SAINT JOHN, INC.
WAIVER OF LIABILITY – YOUTH LEADERSHIP CAMP TRANSPORTATION SERVICE*

**Leadership Camp Transportation Service – Daily pick up between 8:30am – 9am and drop off between 4pm – 4:30pm.*

In consideration of acceptance of this application in the Boys and Girls Club of Saint John, Inc. Youth Leadership Camp 2018, I, _____, the parent/legal guardian of _____ (Name of Youth), our heirs, executors, administrators, successors and assigns waive and release any and all rights and claims for damages we have or may have against the Boys and Girls Club of Saint John, Inc., volunteers, directors, agents or their representatives, successors and assigns for any and all injuries, accidents, mishaps or illnesses which may directly or indirectly result from any participation in the Youth Leadership Camp offered by the said Club, and the activities associated with those programs as determined in the sole discretion of the Club.

We acknowledge and understand the Boys and Girls Club of Saint John, Inc. shall not be responsible for our child before 8:30am and after 4:30pm Monday to Friday when requiring day camp transportation service, unless _____ is being transported by authorized representatives of the Club, in which case the Club shall not be responsible before and after his/her pickup time. We, the undersigned, have read this waiver and understand the terms and we acknowledge and agree to the terms stated therein.

I, the undersigned, the parent/legal guardian, have read this waiver and understand the terms and I acknowledge and agree to the terms stated therein.

Date: _____

Parent/Guardian Signature: _____

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Youth Leadership Camp is being offered for youth ages 12-15 years

Monday - Friday: 9am-5pm

Space is limited: 15 campers/week

Our camp experience is based on the following 5 pillars:

Service Learning: Youth will develop an awareness of their community by volunteering for local organizations. All hours will be logged and campers will receive a certificate of their participation at the end of camp.

Leadership Training: Leadership skills like effective communication, group dynamics, decision making and problem solving will be taught each week using a variety of hands-on methods, including role playing & games.

Leadership Practice: Youth will have the opportunity to put their leadership training into practice by organizing activities for younger campers, operating a micro business, creating videos and assisting with the planning of Club events.

Educational Trips: Once a week, youth will go on field trips to help them plan for their future. They will be introduced to a variety of occupations and tour local post-secondary institutions.

Outdoor Fun: Each week the youth will take part in a fun outdoor activity like kayaking, exploring local NB attractions and Magic Mountain.



Easy Pay Program ~ Pre –Authorized Debit (PAD) Details

MUST BE COMPLETED AT THE START OF EACH NEW PROGRAM

or ANYTIME A CHANGE TO BILLING IS MADE (i.e. adding a new account or changing payment frequency)

This form MUST be completed

Child/children’s Names: _____

Parent’s Name: _____

Address: _____

Telephone Number: (_____) _____

Registration: Full-time

Program: Youth Leadership Camp Summer Day Camp

Program Start Date: _____

If your fees are being cost shared with another payer, please provide details:

Social Development

Other: _____

I authorize The Boys and Girls Club of Saint John Inc. to debit my account for the amount of \$ _____

Weekly – Payments will be debited on Friday

Bi-Weekly – Payments will be debited on Friday

Which Friday do you want to start the payment: _____

20th of the Month

Signature

Changes or cancellations: You may revoke your authorization or change your payment plan at any time, in writing to the Finance Director, at least **10 days prior** to the next scheduled debit. _____ (initial)

You have certain recourse rights if any comply with this agreement. For example you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For more information on your recourse rights contact your financial institution or visit www.cdnpay.ca

Choose one method of payment by filling out the required information

Pre-Authorized Debit (PAD)

The treatment of each withdrawal will be the same as if you personally issued a cheque.

Transit # _____ Inst. No. _____ Account No. _____

Attach black void cheque or bank information sheet



Credit Card #: _____

VIN #: _____ (found on back of card)

Expiry Date: _____

Name of Card: _____

Office Use Only:

First pre-authorized payment date: _____

Parent has paid \$ _____ in cash to cover first _____ weeks.