

# Côte Saint-Luc Day Camps

## Registration Form

### Child Child must be at least 5 years of age and completed Kindergarten 5 before the start of camp.

Family name	Medical Conditions or Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
First name	If Yes, please list and contact camp office:			
Date of Birth (MM/DD/YYYY) Medicare Card #				
Grade (completed June 2024)				
Does your child take any medication during the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please list and contact camp office:	
Does your child carry an EpiPen or Inhaler? If yes, please contact the camp office.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does your child have any adaptive needs that we need to know about?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please list and contact camp office:	
Does your child need a shadow/companion at camp? If yes, please contact the camp office.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

### Emergency Contact (other than parents)

Name	Name		
Relationship to child	Relationship to child		
Home phone	Cell phone	Home phone	Cell phone

### Parent 1

Family name	
First name	
Home phone	Cell phone
Email	

### Parent 2

Family name	
First name	
Home phone	Cell phone
Email	

Address	<b>Relevé 24</b> Enter the social insurance number and name of parent who will claim child care services:	SIN
Apt.		<input type="text"/>
City	Family name	<input type="text"/>
Postal code	First name	<input type="text"/>

### Person authorized to pick up my child (other than parents)

Name	Relationship to child	
Can your child leave alone at the end of the day? If your child is under 12 yrs, please contact the camp office.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Camp

CSL Day Camp

Ultimate Leaders

Counsellor in Training Program (CIT)

## Session: June 24 – August 16, 2024

### Extended care AM

### Extended care PM

8 am to 8:45 am

4:15 pm to 5:30 pm

Week 1: June 24 to 28



Week 2: July 1 to 5



Week 3: July 8 to 12



Week 4: July 15 to 19



Week 5: July 21 to 26



Week 6: July 29 to August 2



Week 7: August 5 to 9



Week 8: August 12 to 16



## Use of Image

The City may photograph or videograph me or my minor child and may use my or my minor child's image and/or voice clips, photograph or videograph in its discretion in/on any media in perpetuity without any payment or further consent. I hereby waive my/our moral rights, and assign full copyright, in favour of the City in connection herewith.

Please check one of the following options and sign:

I authorize the City of Côte Saint-Luc to take and use photographs of my child

I do not authorize the City of Côte Saint-Luc to take and use photographs of my child

\_\_\_\_\_  
Signature of parent or guardian

## Waiver—Condition of participation in and Parks and Recreation Department program

**Risks/Release:** As a condition of attendance at/use of a City of Côte Saint-Luc ("City") facility or participation in a City activity/program, I hereby assume all direct and indirect, foreseeable and unforeseeable risks relating thereto for me and my minor child. I hereby release the City its elected officials, employees, agents, contractors, and volunteers, and their successors (collectively, "City Releasees") from, and waive and renounce to, every claim and liability of whatsoever nature, whenever so arising, for loss, damage or injury to me or my minor child's person and property (including theft). I agree to defend, indemnify and hold the City Releasees harmless from every such claim in principal, interest and costs. **Emergency:** If a City representative judges there is a medical emergency affecting me or my minor child I authorize them to call 9-1-1 and/or EMS, for police / ambulance / emergency medical services and allow the City to provide emergency medical intervention (including medication/treatment) at my sole cost and peril, and the below Release shall apply. **Medical Conditions:** I will complete a separate form provided by the City (where required) and declare all medical conditions, medicare number, mobile phone number, and an emergency contact person with number, without the City incurring any liability for knowledge of a pre-existing medical condition. I or my minor child shall not attend a City or program or activity when symptoms of illness are present. If I am asked to leave/withdraw, or to retrieve/withdraw my minor child, for reasons of conduct or illness, I will do so promptly without dispute or right to refund or reimbursement. **False Information:** Any false information provided at any time to the City will automatically annul this registration, without recourse or penalty against, or refund or reimbursement by the City. **Full Payment and Refund Policy:** I acknowledge that full payment is required at the time of registration and prior to commencement of, or participation in, any City program or activity. I acknowledge that I am not entitled to refund or reimbursement of any amounts paid except as permitted under applicable City policies as published by the City at the date of my payment.

## General Information (payment, registration, etc.)

Payment by credit card (Visa or MasterCard): 50 % is required at the time of registration, and pre-authorized payments for April 16 and/or May 16, 2024 can be made for the balance.

Interac payment: Full payment is required at time of registration if paying by Interac.

The deadline to register for any session is the previous Wednesday at noon, in order to allow for time to finalize group lists. Past this deadline, registration will be accepted pending availability.

An early bird registration fee will be in effect from March 19 to April 23, 2024. The regular registration fee will be in effect as of April 24, 2024.

## Program Cancellation and Reimbursement Policy

**A. A Program Cancellation Request form for camp week cancellations or transfers between weeks, must be submitted a minimum of ten days (10) prior to the start of the week (Monday) the request applies to. Once a week has begun it is considered to have been completed and no longer eligible for reimbursement.**

**B. In addition to the refund administration fee of 20%, a Day Camp cancellation or transfer fee of \$50 will be charged for every week of Camp being cancelled or transferred after registration.**

**C. The \$50 per week cancellation or transfer fee applies to both reimbursement methods: refund and credit on file.**

**D. For reimbursement requests due to medical reasons, a pro-rated reimbursement, (according to the days used per week) and an administration fee of ten percent (10%) will be applied to each week being cancelled. The week cancellation or transfer fee (\$50) will not be applied to reimbursements due to medical reasons.**

**Email or verbal requests without the program cancellation form will not be considered.**

**Acknowledgement of Activity Waiver, General Information and Program Cancellation and Reimbursement policy**  
*Refusal to sign will invalidate my registration and/or participation.*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date