



Registration form
STRIKE DAYS - CAMP 2015
514-502-4658 / classes@breakcity.ca

Camper's Name: _____ Age: _____

Email (Mandatory): _____

Address: _____ City: _____

Postal Code: _____ Home phone: _____ Cell Phone: _____

Emergency contact name: _____ Phone #: _____

MEDICAL:

Please specify any medical or behavioral conditions or allergies that are significant:

Carries Epi-pen: Yes No For: _____

LEAVE PERMISSION:

Campers 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. Break City will only release campers 12 or older from camp or a bus stop after the release form has been signed by a parent/guardian. **If your child is 12 or older does she/he have your permission to be released on their own at the end of their camp day?**

Yes No

Signature: _____

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 Break City staff when the parent/guardian can't be reached.

LAST NAME: _____ FIRST NAME: _____

HOME PHONE: _____ CELL PHONE: _____

****Early drop off and late pick up are available at \$4.00/30 minutes. We must be advised ahead of time.**

REGISTRATION - \$35.00 + tax/day:

Please indicate which days you are registering for:

- DAY 1 – Wednesday November 4th
- DAY 2 – Monday November 16th
- DAY 3 – Tuesday November 17th
- DAY 4 – Tuesday December 1st
- DAY 5 – Wednesday December 2nd
- DAY 6 – Thursday December 3rd

DAYCARE: _____ days X _____ hours = \$ _____
**\$8.00 + tax/hour

TOTAL = \$ _____

PAYMENT:

CREDIT CARD:

Visa Mastercard **Cardholder's Name:** _____

Card Number: _____ **Expiry Date:** _____

CHEQUE:

#: _____ **Name on Chq:** _____ **Date:** _____

CASH: **Amount:** _____ **Received by:** _____

CODE OF CONDUCT:

The safety of each individual in the program is of the utmost importance to Break City. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the Break City staff. I hereby agree that any behavior 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, Break City reserves the right to alter the program at any time without notice or compensation to the Registrant.

In the event of a minor medical occurrence, I authorize the Director or the Camp Medical Attendant to seek all necessary medical attention, in the event that the emergency contact person cannot be reached. I further release Break City and its personnel from all claims and damages arising from any accidents or injuries occurring while my child is at Break City's Camp. Furthermore, I hereby authorize the Break City Camp to use any photographs taken of my child while participating in the Break City Camp programs for brochure and promotional materials.

I have read and understand the Code of Conduct.

Parent/Guardian or Student signature: _____ **Date:** _____

Please send all registration forms and payments to:
Break City – 16841 Boul. Hymus, Kirkland, Qc, H9H 3L4
514.502.4658 – classes@breakcity.ca - www.breakcity.ca