



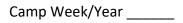
Power4Teens Registration Form

To be filled out by PARENT or GUARDIAN and emailed to Power4Teens

Co-operation and confidentiality between parents and camp staff contribute greatly to a positive experience for each camper. Please be thorough and conscientious in completing this form. The more we know about your child, the better camp experience we can provide.

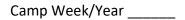
Camp	Sessions:			
□ Week 1: July $3^{rd} - 6^{th}$ (4-Day Camp)	☐ Week 5 (Overnight): July 30 th – August 3 rd			
☐ Week 2 (Overnight): July 9 th – 13 th	August 6 th – 10 th – NO CAMP			
\Box Week 3: July 16 th – 20 th	☐ Week 7: August 13 th – 17 th			
\square Week 4: July 23 rd – 27 th	☐ Week 8: August 20 th – 24 th			
Camper	Information:			
Child's Full Name:				
Age: DOB (mm/dd/yyyy	/): Male: Female:			
Child's Health Card Number:	Version Code:			
Allergies (if applicable):				
Will your child need to take any medication(s) while at camp?			
Emergency Co	ontact Information:			
Parent #1 Information:	Parent #2 Information:			
Name:	Name:			
Address	Address			
City: Prov:	City: Prov:			
Postal Code:	Postal Code:			
Phone (Primary):				
	Phone (Primary): Email:			

_____with guardian _____Other (specify) _____





Are there custody arrangements we should be aware of?						
Do they have any siblings, relatives or friends attending P4T Camp?						
Please advise names and if you would like them in the same group?						
Day Camp Only Permission to walk home alone \square Yes \square No						
Camper Profile:						
Campers attitude toward camp: Enthusiastic Indifferent Nervous						
How many years have you been coming to P4T?						
Physical Fitness: Excellent Good Fair Poor						
Adjusts to contemporaries: Very Easily Easily With Difficulty						
Adapts to new situations: Very Easily Easily With Difficulty						
Expresses self verbally? Very Easily Easily With Difficulty						
How does your child respond to stress? (E.g. does he/she withdraw, become aggressive, cry)						
What is effective in helping him/her?						
Any fears or dislikes?						
Any physical challenges (e.g. Injuries, new diagnoses, disabilities)?						
Swim Level: Non-swimmer Beginner Intermediate Advanced						
Is there anything else you wish to share with us about your child that will help us understand his/her? (Please feel free to write on a separate sheet as necessary.)						





Overnight Camp Only:

Will your child be taking	any medications while	at camp?	
What are the camper's I	main household chores	and responsibilit	ies at home?
May the following over- deemed necessary by th		ns be given to you	ur child while we are at camp, if
\square Tylenol	☐ Benadryl	\square Gravel	☐ Advil (Ibuprofen)
Does your child have an	y dietary needs? (e.g. g	luten free, vegeta	arian, vegan, lactose free)
Will your child be appre Have they ever been ho What is effective in help	mesick?	vay from home? _	
DI	ue to limited space on	the bus, please p	ack lightly



P4T is a technology sensitive zone and day campers will be asked to keep phones in their bags at all times. Overnight campers will have restricted phone use. There will be scheduled technology/photo taking opportunities during camp but should you want to contact your child during camp hours please contact Charlie or Shyanne.



Payment Information

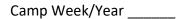
Rates:		Payment:	
4-Day Camp Early Bird Rate - Before March 31 st	\$320+HST = \$361.60: \square	Summer Camp	
4-Day Camp Regular Rate – April 1 st	\$340+HST = \$384.20: \square	T-Shirt 	
Day Camp Early Bird Rate - Before February 15 th	\$375+HST = \$423.75:	Before/after care	
Day Camp Regular Rate - February 16 th -March 31 st	\$400 +HST= \$452:	Total:	
Day Camp Rate after April 1st	\$425 +HST = \$480.25:		
Overnight Early Bird before March 31st	\$950 +HST= \$1,073.50:		
Overnight Camp Regular Rate after April 1 st	\$1,100 +HST= \$1,243:		
Before/after care 8:30am- 5:30pm	\$69.57 = \$80:	Youth Sizes:	
Power4Teens T-Shirt	\$22.13+HST= \$25:	\square YS \square YM \square YL \square YXL	

To pay by credit card online please <u>click here</u>

To pay by email money transfer, please send to Charlie@power4teens.ca with password: power4teens

If you need to send a cheque, please mail it to:
Power4Teens
95 Mayfield Ave. Toronto, ONM6S 1K7

Before paying, I have thoroughly read and agree to the "ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE OF LIABILITY" document found on our website.





FOR DIVA DAY ONLY (Day Camp)

Some Fife | PHOTOGRAPHY

"Diva Day" Portrait Session [Power4Teens Camp], July 3rd, 2018 – August 24th, 2018, 360 Windermere Ave,

Each child participant will have a fun "diva" portrait session for approximately 5-10 minutes.

The photographer will take many photos and will later present the 5 Best Images to parents in a private online proof gallery.

Clients may then choose to purchase images according to the featured Digital Packages.

No Purchase is Necessary.	
CLIENT INFORMATION	
Full Name of Child Participant:	
Full Name of Parent/Guardian:	
Phone Number:	
Email [Required for Image Gallery]:	
Model Information & Release I, the Client, hearby give permission for Katie Fife Photography to take photos of the above named Child Participant. I also declare that I have legal authority to grant these permissions as their Parent/Guardian, and I accept all responsibilities for Initials here: YES	
I, the Client, consent that the photographs taken by Katie Fife Photography may be used for the purpose of display as particle Fife Photography Portfolio, including website, Instagram, and/or other online and print mediums. I further agree the images can be used without additional compensation to the undersigned. Initials here: YES NO	
I, the Client, have read and agree to the terms above. CLIENT SIGNATURE: DATE:	