



Camp Week/Year \_\_\_\_\_

## 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:

<input type="checkbox"/> Week 1: July 3 <sup>rd</sup> – 6 <sup>th</sup> ( <b>4-Day Camp</b> )	<input type="checkbox"/> Week 5 ( <b>Overnight</b> ): July 30 <sup>th</sup> – August 3 <sup>rd</sup>
<input type="checkbox"/> Week 2 ( <b>Overnight</b> ): July 9 <sup>th</sup> – 13 <sup>th</sup>	August 6 <sup>th</sup> – 10 <sup>th</sup> – NO CAMP
<input type="checkbox"/> Week 3: July 16 <sup>th</sup> – 20 <sup>th</sup>	<input type="checkbox"/> Week 7: August 13 <sup>th</sup> – 17 <sup>th</sup>
<input type="checkbox"/> Week 4: July 23 <sup>rd</sup> – 27 <sup>th</sup>	<input type="checkbox"/> Week 8: August 20 <sup>th</sup> – 24 <sup>th</sup>

### 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 Contact Information:

#### Parent #1 Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent #2 Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Email: \_\_\_\_\_

Is the camper living at home? \_\_\_\_\_ with both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only  
 \_\_\_\_\_ with guardian \_\_\_\_\_ Other (specify) \_\_\_\_\_



Camp Week/Year \_\_\_\_\_

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  Yes  No

**Camper Profile:**

Camper's 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?

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What are the camper's main household chores and responsibilities at home?

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May the following over-the-counter medications be given to your child while we are at camp, if deemed necessary by the First-Aid Specialist?

Tylenol

Benadryl

Gravel

Advil (Ibuprofen)

Does your child have any dietary needs? (e.g. gluten free, vegetarian, vegan, lactose free)

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Will your child be apprehensive about being away from home? \_\_\_\_\_

Have they ever been homesick? \_\_\_\_\_

What is effective in helping him/her? \_\_\_\_\_

**\*Due to limited space on the bus, please pack lightly\***

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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.



Camp Week/Year \_\_\_\_\_

### Payment Information

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

To pay by credit card online please [click here](#)

To pay by email money transfer, please send to [Charlie@power4teens.ca](mailto: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.



Camp Week/Year \_\_\_\_\_

**FOR DIVA DAY ONLY (Day Camp)**



**“Diva Day” Portrait Session [Power4Teens Camp], July 3<sup>rd</sup>, 2018 – August 24<sup>th</sup>, 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, hereby 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 such.

Initials here:  YES

I, the Client, consent that the photographs taken by Katie Fife Photography may be used for the purpose of display as part of the Katie Fife Photography Portfolio, including website, Instagram, and/or other online and print mediums. I further agree that 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:**