



TORONTO SUMMER CAMP 2017

REGISTRATION FORM

CAMPER INFORMATION

Camper's Name

Gender

Date of Birth

Age

Address

Phone

Parent's Name

Emergency Contact Name

Emergency Contact Phone

SESSION TO ATTEND

(Please check the session camper wants to attend)

1st session: July 17th 2017 – August 6th 2017 (3 weeks)

2nd session: August 07th 2017 – August 27th 2017 (3 weeks)

PROGRAMS TO ATTEND

(Please check programs below that the camper wants to attend: this is to see the preference and not guaranteed)

1. Ontario Science Centre

- Inventor Centre (recommended)
- Canadian Science : it's in our nature (recommended)

2. Discovery Day Camp (all for age of 8 and up) (for campers of 6-7 years old; please contact us)

- Claymation (recommended) – 1st session only
- Fast & Fantastical 2 (recommended) – 2nd session only
- Robotics & Coding: Bionics (recommended) – 1st session only
- Robotics & Coding: Robot rescue– 1st session only
- Aerospace : Ultimate aircrafting – 1st session only
- Culinary Creations– 1st session only
- Drama 2– 2nd session only
- Feature Film– 2nd session only
- If you build it– 1st session only

3. Upper Canada College (for campers of 6-7 years old; please contact us)

- Hockey Camp (recommended) (for age of 7-12)
- Art Tech Camp (recommended) (for age of 8-14)
- Space Camp (recommended) (for age of 8-13)
- Golf Camp (for age of 10-14)
- Lacrosse Camp (for age of 7-12)
- Visual Art Camp (for age of 9-14)
- Game Tech Camp (for age of 9-14)

4. Art Gallery of Ontario (for campers of 6-7 years old; please contact us)

- Mapping Our Stories (recommended) (for age of 8-10)
- Playground Designers (recommended) (for age of 8-10)
- AGO General Store (recommended) (for age of 11-13)
- Curious Canadian Inventors (for age of 8-10)
- Cartooning (for age of 8-13)
- Creating cities / 3-D Worlds (for age of 8-10)

CAMPER'S MEDICAL INFORMATION

Please state *ALL* of medical issues of the camper including food allergies as detail as possible.

1.

2.

3.

4.

5.

IMPORTANT

In the event of an emergency and I cannot be reached, I grant permission for emergency medical treatment to be give to my child. I agree to pay all medical bills not covered by the insurance company. I release *North Toronto Private High School* from responsibility for any bills resulting from injuries incurred in this program. I also give my permission for my child to be photographed and for such photographs to be released for public purposes. If applicable, I have attached information regarding allergies or other medical conditions about my child of which staff should be aware. I understand there are no refunds once the camp has started.

Parent Signature _____ Date _____