S.W.O.L.E.

Self-Respect | Work Hard | Overcome Adversity | Lead By Example | Excellence

Sports Youth Leadership

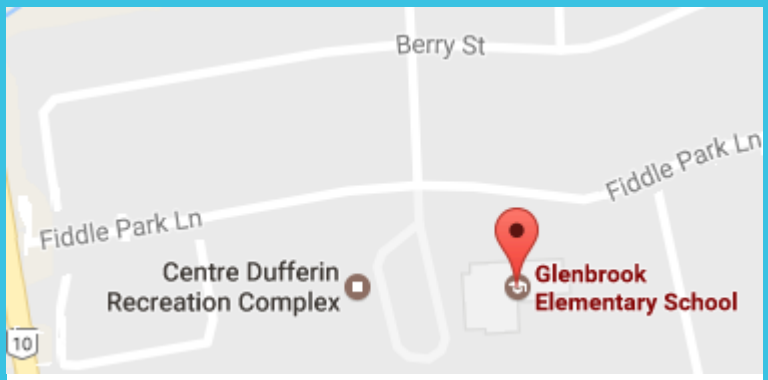
2017 SUMMER CAMP

SHELBURNE

FOR GIRLS & BOYS AGES 7-13

Where?

GLENBROOK ELEMENTARY SCHOOL



300 Fiddle Park Ln, Shelburne

$199 plus HST

Per Week

When?

- Week 1 - JULY 17-21
- Week 2 - JULY 31-August 4

Monday to Friday 9:00am - 4:00pm

(Early drop off 8:00am, late pick up 5:00pm)

OneVoice OneTeam

To Register

Contact us 905 487-0150

www.onevoiceoneteam.org

S.W.O.L.E. Summer Camp - Registration Form
Glenbrook Elementary School

(300 Fiddle Park Ln, Shelburne ON. L9V 3C9)

Participant Information:

Last Name: _____ First Name: _____

School: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ Postal Code: _____

Family Physician Name & Contact Number: _____

T-Shirt Size:
Youth or Adult
S M L XL

Parent/Guardian Information:

Mother's Name: _____ E-mail: _____

Daytime Phone Number: _____ Cell/Work Phone Number: _____

Father's Name: _____ E-mail: _____

Daytime Phone Number:_____ Cell/Work Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship:_____

Daytime Phone Number: _____

Camp Dates:

□ **July 17th - July 21st** □ **July 31st - August 4th**

Camp Times:

Summer program hours are **9:00am-4:00pm,** with **early drop-off at 8:00am** and **late pick-up at 5:00pm**

Early drop-off before 8 am or Late pick-up after 5pm = $5/day charge each

Methods of Payment:

Credit Card: Register and Pay online at www.onevoiceoneteam.org

Cheque: Payment is **$199.00 (plus HST).** Total cost - **$224.87** certified cheque or money order **ONLY** made payable to:

One Voice One Team Youth Leadership Organization

Cash: Payment can be made at the One Voice One Team office or on camp site.

For more information, please call (905) 487-0150 or email us at summercamps@onevoiceoneteam.org

Waiver

I agree that as a parent/guardian of a child who is a participant in the One Voice One Team Youth Summer Camp Program, my child will participate in activities that may be physically challenging. I am aware of the risks and hazards associated with this camp. I agree that One Voice One Team, its trustees, officers, directors, employees, agents, and independent contractors, shall not be liable for any injury to my child or any loss/damage to my child's property arising from, or in any way resulting from my child's participation in these activities.

Parent/Guardian Signature: _____

Date: _____

Photo Release

I give consent for One Voice One Team to take photographs, videotapes, or make digital recordings of my child. I hereby acknowledge that One Voice One Team will use camp footage, including still photographs and video images for camp promotional purposed.

Parent/Guardian Signature: _____

Date: _____

Health and Medical Information

Does your child have any relevant medical conditions we need to be aware of ? (i.e., seizures; vision problems; hearing impairment; physical limitations; asthma; diabetes; allergies) ☐ Yes ☐ No

If yes, please list and explain:

_____

_____

Please list any medications that your child will be required to take or carry with them: (i.e., Epi-Pen, asthma inhalers): _____

_____

I have provided One Voice One Team with all necessary medical information and can be reached at the numbers listed above. I authorize One Voice One Team staff to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending medical professional.

Parent/Guardian Signature: _____

Date: _____

Date: _____

ONE VOICE ONE TEAM
100 Queen Street West, Brampton, ON L6X 1A4 (905) 487-0150