

of York Region

**PLEASE FILL OUT THE ENTIRE FORM** \*Camp spots are **LIMITED** to meet COVID safety requirements.

**Girls Inc. Camper 1 Information**

1. Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date Of Birth: D \_\_\_ M \_\_\_ Y \_\_\_ Grade \_\_\_ (Fall 2020)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Weeks + Themes	Fee <small>Fee per week</small>	Register <i>before</i> July 3rd for <b>\$5 OFF!</b>
Week 1 (July 13-17) <b>STEMtastic</b>	\$80.00	<b>Extended Care:</b> Please contact our office if you require extended care.  <b>Multi-Week Discount</b> Receive <b>\$10 off</b> each <i>additional</i> week when you buy <b>3 weeks or more!</b> <i>*Restrictions apply</i>  <i>Subsidies are available.</i> Please contact our office for more information.  <b>Sibling Discount</b> Receive <b>\$10 off</b> total cost per sibling registered! <i>*Restrictions apply</i>
Week 2 (July 20-24) <b>Animal Kingdom</b>	\$80.00	
Week 3 (July 27-31) <b>Girlympics</b>	\$80.00	
Week 4 (August 4-7) <b>Wilderness Week</b>	\$80.00	
Week 5 (August 10-14) <b>Dream Crafters</b>	\$80.00	
Week 6 (August 17-21) <b>Under The Sea</b>	\$80.00	

Total Cost \$ \_\_\_\_\_

**Girls Inc. Camper 2 Information** (*siblings only*)

2. Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date Of Birth: D \_\_\_ M \_\_\_ Y \_\_\_ Grade \_\_\_ (Going into)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Weeks + Themes	Fee <small>Fee per week</small>	
Week 1 (July 13-17) <b>STEMtastic</b>	\$80.00	
Week 2 (July 20-24) <b>Animal Kingdom</b>	\$80.00	
Week 3 (July 27-31) <b>Girlympics</b>	\$80.00	
Week 4 (August 4-7) <b>Wilderness Week</b>	\$80.00	
Week 5 (August 10-14) <b>Dream Crafters</b>	\$80.00	
Week 6 (August 17-21) <b>Under The Sea</b>	\$80.00	

Total Cost \$ \_\_\_\_\_

**Method of Payment** \*If applying for subsidy, please provide proof of application with registration.

Cash                      Cheque -Payable to Girls Inc. of York Region                      Credit/Debit                      Applied for Subsidy

Card# \_\_\_\_\_ EXP Date: \_ / \_ \_      Postal Code: \_\_\_\_\_      Total Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_      Signature: \_\_\_\_\_

**COVID-19: Keeping Girls safe for Summer Camp**

At Girls Inc. of York Region, we have implemented best practices which include adjustments to our programs, and to our health and safety protocols in accordance with Health Canada and Public Health Ontario. Please review the policy and procedures form which will help us to prevent the transmission of COVID-19 within our Camp, and ensure the safety of Staff, Girls, and their families.

**Parent / Guardian Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**Media Release**

There may be occasion where pictures or video will be taken of participants for public relation purposes; newsletters; brochures; and on the Girls Inc Social Media.

I give permission  I **do not** give permission

**Health Related Information - Please specify child/support**

In order for Girls Inc Staff to provide the best support, please disclose all relevant information in order for us to appropriately meet their needs i.e. Allergies, Diagnosis (ADHD, Behavioural, Anxiety, ODD), Physical limitations, changes at home(separation, divorce, death), history of trauma/abuse/foster,etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact (NOT a parent/guardian listed above)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Transportation Information**

Parents/Guardians are responsible for getting their child/children to/from Camp location. Please indicate the following people that your child/children may be released to.

NAME	RELATIONSHIP	CONTACT NUMBER

Does your child(ren) have permission to walk home?  Yes  No

**Member Agreement**

I have provided Girls Inc of York Region with necessary medical information and may be reached at the phone numbers provided.  
I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program by myself or by the registered "participant".

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY: MEMBERSHIP 20\_\_**

New  Renew

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  D           M

OF NOTE: Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act, 1989*. Personal information is collected pursuant to the *Municipal Act, R.S.O. 1990, Chapter M-45 as amended, S. 207, Par. 28*, and will be used to register participants. This information will NOT be shared with anyone for any purpose. Inquiries may be directed to 905-830-0776



of York Region

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Girls Inc. of York Region has put in place preventative measures to reduce the spread of COVID-19; however, **Girls Inc. of York Region cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_ INITIALS By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at Girls Inc. of York Region may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Girls Inc.'s employees, volunteers, and program participants and their families.

\_\_\_ INITIALS **I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation Girls Inc of York Region.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Girls Inc. of York Region, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Girls Inc. of York Region, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Girls Inc. of York Region.

\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

\_\_\_ INITIALS **I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at Girls Inc. of York Region, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

\_\_\_ INITIALS **I agree that I will practice safe social distancing and clean hygiene during my participation at Girls Inc. of York Region**

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT child's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT PROVIDE YOUR NAME, ADDRESS, OR PHONE NUMBER ANYWHERE  
ON THIS FORM**

Dear Parent/Guardian:

Girls Incorporated of York Region recognizes the importance of keeping our programs low cost or no cost to members and their families. In order to continue this effort and maintain funding for Girls Incorporated of York Region programs, the agency is required to provide statistical information to our funders. Please be assured of the following:

- **This information is strictly used for required Statistical Information and funding submissions ONLY.**
- **The information you provide is unidentified, secure and confidential.**
- **This form will be destroyed.**

1. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorce \_\_\_\_\_ Common Law \_\_\_\_\_

2. How many people in your household? Adults: \_\_\_\_\_ Children (under 18) \_\_\_\_\_

3. The following information is required to enable Girls Inc York to receive funding: Your Total Family income:

\_\_\_\_\_ below \$15,000 \_\_\_\_\_ 15,000-20,000 \_\_\_\_\_ 20,000-25,000 \_\_\_\_\_ 25,000-30,000  
\_\_\_\_\_ 30,000-35,000 \_\_\_\_\_ 35,000-40,000 \_\_\_\_\_ 40,000-45,000 \_\_\_\_\_ 45,000-50,000  
\_\_\_\_\_ 50,000+

4. Ethnic background (Asian, European, African) \_\_\_\_\_

5. Languages spoken at home \_\_\_\_\_

6. Other Languages spoken \_\_\_\_\_

**Thank you for your assistance**

