



Come and join us
for 3-week of
exploring God's
handiwork in
ancient civilizations

Instructions:

- Please PRINT clearly and use one form for each child
- Drop off the completed form with payment to Church Office (Mondays – Fridays 10-4pm) OR Church Basement Room B11 Secured Mail slot (Sundays 9:00-12:30pm), OR
- Mail to: Trail Mix Camp | 9950 Sheppard Ave East | Scarborough, ON M1B 5R6
- All inquiries: Tel: 416.282.2063 X 100 or 106 Fax: 416.282.4693
Email: trailmix@tjacac.org Website: www.tjacac.org/trailmix

Camper's General Information

First Name	Middle Name	Last Name
_____/_____/_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Current Grade Level
Date of Birth (month / day / year)	() -	T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M
Home Phone Number		
Home Address		
City	Province	Postal Code

Camper's Medical & Emergency Contact Information

Health Card Number	Family Doctor's Name	Family Doctor's Phone Number
Please describe any known allergies, dietary needs or medical condition of your child <input type="checkbox"/> None		
Please describe any special needs (e.g. physical and/or learning disabilities) of your child <input type="checkbox"/> None		
Additional relevant information you would like us to know <input type="checkbox"/> None		

EMERGENCY CONTACT

_____	_____	_____
First Name		Last Name
_____ () - X	_____ () -	
Relationship to Camper	Daytime Phone Number	Mobile Phone Number

Parent / Legal Guardian Information

_____	_____	_____
First Name	Middle Name	Last Name
Relationship to Camper: <input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____
_____ () - X	_____ () -	
Daytime Phone Number	Evening Phone Number	
_____ () -	_____	
Mobile Phone Number	Email	
<input type="checkbox"/> I would like to accompany my child at the camp.	<input type="checkbox"/> I designate _____ [print name] to accompany my child at the camp.	

Fee Schedule

Regular Camper Fees	Week 1	Week 2	Week 3
First child being registered: Early Bird (by Apr. 30) \$125/week or Late Bird (May 1 – June 30) \$140/week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other siblings being registered: Early Bird (by Apr. 30) \$80/week or Late Bird (May 1 – June 30) \$100/week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Care			
Early Drop Off (7:30-8:30am) \$20 per child per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Pickup (5:00-6:30pm) \$20 per child per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$5 per child per day per request (circle)	Early M T W Th F	M T W Th F M T W Th F	M T W Th F M T W Th F
	Late M T W Th F	M T W Th F M T W Th F	M T W Th F M T W Th F
Total Cost	\$ _____		

PAYMENT/CANCELLATION POLICY

Payment in full is required at time of registration. If pay by cheque, please write to "Jaffray Alliance Church". All cancellations are subject to a \$15 / child administration fee. No refunds after registration deadline (June 30, 2018).

PERSON(S) AUTHORIZED TO PICK UP CAMPER

Toronto Jaffray Chinese Alliance Church may release my child into the care of the following individual(s) during the Camp day or at the end of the Camp day. Only those people listed here as well as myself, the registering parent / guardian, will be able to pick up my child. If applicable, please list second parent / guardian's name below. All will need to show their own personal identification. Each name listed here must match the name on the identification. Please print clearly.

1.	_____	_____	_____
	First Name	Middle Initials	Last Name
2.	_____	_____	_____
	First Name	Middle Initials	Last Name

INFORMED CONSENT AND WAIVER OF LIABILITY - PLEASE READ CAREFULLY:

I, the undersigned parent or guardian, have provided a complete health history and permit my child to participate in all camp activities, unless otherwise noted in the information provided. In the event of accident, injury or illness, I authorize the Trail Mix Director and his/her designate to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the camper. Trail Mix Day Camp / Toronto Jaffray Chinese Alliance Church is not responsible for any bodily injury, loss or damage to personal property suffered by the participant either before, during, or after the program; unless such injury is the direct and sole result of proven negligence on the part of Toronto Jaffray Chinese Alliance Church.

I DO NOT give permission for my child to appear in any Trail Mix or Jaffray Church promotional material.

_____	_____
Signature of Parent or Legal Guardian	Date Signed