



ASM SUMMER DAY CAMP- 3 Week Program

PARENT VOLUNTEER FORM

Vedic Cultural Centre 4345- 14th Ave, Markham, ON L3R 0J2. Temple Tel: 905-475-5778

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July 07 - July 25 2014 Time 9:00 AM to 4:00 PM (Monday-Friday)

Camp For children 4-14 years old. Extended Care Available

Drop-in Registration Dates: April 13 & 20 and May 4 & 11, 2014 @ 4:00 PM



1- PARENT VOLUNTEER REGISTRATION INFORMATION

Name: _____ E-mail: _____
 Cell Phone#: _____ Work #: _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone #: _____ ASM General Member - Yes / No

2- HEALTH INFORMATION

Name	Date of Birth (day/month/year)	Age	Doctor's name and Telephone#	Health Card #

Allergies, if any: _____

Food _____ Drugs _____ Insects _____ Others _____ **** DO YOU CARRY AN EPIPEN? YES / NO

Is there any other information that you would like us to know about your health?

Persons to be **contacted in case of emergency: Name: _____ Relationship: _____
 Address: _____ Cell#: _____ Phone#: _____

3- SKILLS, INTERESTS, AND EXPERIENCE

Days you are available _____ Times you are available _____

What skills can you contribute towards camp?

List your special interests and hobbies

What prior experience do you have working with children?

4- SIGNATURE

In consideration of the acceptance of my child for the ASM Summer Day camp, on my behalf and my child's behalf, I accept all risks and agree that neither Arya Samaj Markham nor the Regional Municipality of York shall be liable in any manner whatsoever for any damages resulting from any injury to my child, however caused, including by any act of negligence. I also agree to indemnify Arya Samaj Markham and the Regional Municipality of York with respect to any claim or action which may be brought against them by or on behalf of my child. I also give permission for my child to participate in recreational swimming and to participate in field trips organized by the summer day camp. I authorize the camp to take photos or videos of my child for promotional purposes of Arya Samaj Markham.

Date: _____ Name : _____ Signature: _____