

**ASM SUMMER DAY CAMP- 3 Week Program**



**YOUTH VOLUNTEER APPLICATION FORM**



Vedic Cultural Centre 4345-14 th Ave.

Markham, ONT L3R 0J2

Tel: (647) 677-4018

Enrolment : Samajcamp@gmail.com

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**Youth Registration Form**

July 06- July 24 2015 Time 9:00 AM to 4:00 PM (Monday-Friday)

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

Drop-in Registration: @11:00am on May 10, 24 & 30 2015

**REGISTRATION INFORMATION**

Volunteer's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work # \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work # \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work # \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ **Payment Enclosed  \$30 Food Fee (Flat fee)**

**PERSONAL INFORMATION**

Health Card #	Date of Birth (day/month/year)	Age	Sex M / F	Week 1	Week 2	Week 3

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Concerns or Allergies, if any: \_\_\_\_\_ Any medications required

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

Persons to be **contacted** if parents cannot be reached: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Cell#: \_\_\_\_\_ Phone#: \_\_\_\_\_

What skills can you contribute towards the camp?

\_\_\_\_\_

List your special interests and hobbies.

\_\_\_\_\_

What prior experience do you have working with children?

\_\_\_\_\_

*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, City of 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, City of 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: \_\_\_\_\_ Parent/Guardian Name : \_\_\_\_\_ Signature: \_\_\_\_\_