

ASM SUMMER DAY CAMP- 4 Week Program



Vedic Cultural Centre

4345-14th Ave, Markham, ONT L3R 0J2

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Youth Registration Form

July 04- July 28, 2017 Time 9:00am- 4:00pm (Monday-Friday)

Camp For Kids 4-14 years old & Youth Volunteers opportunities(15yrs+)

Extended Care Available (7:45am- 9am and /or 4pm- 5:30pm)

*Drop-in Registration: Sunday 10am-12pm, email samajcamp@gmail.com, registration form/ payment at Vedic Cultural Centre

Attach/ Post Your Photo here:

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 "NO REFUNDS" \$40 Food Fee (2 week -Flat fee) \$60 Food Fee (4 week - Flat fee)

PERSONAL INFORMATION

Health Card #	Date of Birth (day/month/year)	Age	Sex M / F	Week 1	Week 2	Week 3	Week 4

Doctor's Name: _____ Doctor's Phone: _____

Health Concerns/Allergies, if any: _____ Any medications required _____

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

Persons to be contacted if parents cannot be reached:

Name: _____ Relationship: _____ Cell#: _____ Phone#: _____

Emergency Contact: _____ Relationship: _____ Cell#: _____ Phone#: _____

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: _____

ONLINE YOUTH VOLUNTEER APPLICATION 2017

Submit before June 1st 2017

Why do you want to volunteer with the camp? (100-150 words)

What prior experience do you have working with children?

What skills can you contribute towards the camp? Be specific. _____

Which activities can you help with towards in the camp? Please highlight one or more.

Dance Music Religion Prayers Arts/Crafts Sports Other (list) _____

List your special interests and hobbies. _____

What certifications or achievements do you possess? (eg. High Five, Red Cross, First Aid)

What other commitments during the summer camp? Will they interfere with your volunteer duties the camp.

List the dates. _____

Attach and email your completed application and resume to us at samaicamp@gmail.com with 'subject' listed as 'Camp Volunteer Application Form 2017'.

Call/text Sarika at (416)-877-8802 or Maharshi Jani (416)-903-5671 for any inquiries.