



Chinmaya Mission Toronto

Avatar, Me, and the World—Children’s Day Camp 2010

Venue: Chinmaya Mission Toronto, 9796 Dufferin St., Maple, ON, L6A 1S2
19th July 2010 to 23rd July 2010 (9 AM to 6 PM)

Registration FORM

- Early registration before June 15th, 2010: \$200
- Registration after June 15th, 2010: \$250
- CAD \$175, per additional child
- Regular Registration Deadline: July 7th 2010

Participant(s) Information:

Last Name		First Name		Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Is the participant a Bala-Vihar Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent Information:

Last Name		First Name	
Address			City
Province			Postal Code
Telephone No		Mobile No	
E mail			
Emergency Contact			
Telephone No		Mobile No	

Parent(s) are you willing to volunteer?

Would you like to Car pool for this Event?

Do you require Early Drop (After 8AM) or late Pick Up (Before 6PM)?

PARENT/ GUARDIAN DECLARATION AND RELEASE

I, the undersigned parent/guardian, hereby release and forever discharge the Chinmaya Mission Toronto and its respective officers, employees, and agents from and against all claims, actions, costs, damages and expenses with respect to damage and/or bodily injury to my child/children as a result of his or her participation in the CMT Avatar, Me, and the World--Summer Day Camp 2010 Program. I grant permission for my child/children to receive any emergency treatment as judged necessary by Chinmaya Mission Toronto's Camp physician or volunteer. I also agree to the release of medical information from doctors, hospitals or other health care agencies where my child/children has received medical services for the purpose of such emergency treatment.

I understand that CMT Avatar, Me, and the World--Summer Day Camp 2010 Program has a violence-free and water-activity prohibition policy to ensure the safety of all participants. Any behavioral misconduct by my child/children will result in immediate removal from the CMT Avatar, Me, and the World Summer Camp 2010 Program, with no money refunded. Having read and understood the indemnification and release form in its entirety, I declare that I hereby agree to be bound by the terms and conditions. I give my consent for my child/children to participate in the CMT Avatar, Me, and the World--Summer Day Camp 2010 Program.

NAME: (PRINT) _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

As space is limited and registration is on first come first serve basis, submit your application **by Wednesday, July 7th, 2010**

Check List: <ol style="list-style-type: none"> 1. Registration Form 2. Summer Camp Fee CAD \$250 (Regular Registration Fee) Please make cheque payable to: "Chinmaya Mission Toronto" or by Cash 3. Health Form 4. Small photograph of the camper with name on the back 	Camp Information and registration: Visit www.chinmayatoronto.org or call 905-417-2377
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CMT will respect the privacy of personal information collected for this camp.



Chinmaya Mission Toronto

9796 Dufferin St., Maple, ON, L6A 1S2

HEALTH FORM

Last Name			First Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (D/M/Y)			Age
OHIP Number			Version Code		
Address			City		
Province			Postal Code		
Telephone No			Mobile No		

Parents Contact Information:

Telephone No		Mobile No	
Telephone No		Mobile No	

Emergency Contact (Other than parent):		Relationship	
Telephone No		Mobile No	

Health History (please check where applicable)

	Diseases	Allergies
Frequent ear infections: <input type="checkbox"/>	Mononucleosis <input type="checkbox"/>	Hay Fever <input type="checkbox"/>
Convulsions: <input type="checkbox"/>	Chicken pox <input type="checkbox"/>	Poison Ivy <input type="checkbox"/>
Diabetes: <input type="checkbox"/>	Measles <input type="checkbox"/>	Insect Stings <input type="checkbox"/>
Bleeding/clotting disorders: <input type="checkbox"/>	German measles <input type="checkbox"/>	Penicillin <input type="checkbox"/>
Hypertension: <input type="checkbox"/>	Mumps <input type="checkbox"/>	Asthma <input type="checkbox"/>
Psychiatric treatments: <input type="checkbox"/>		
Heart defects/disease: <input type="checkbox"/>		

Other conditions/ Allergies/Concerns: _____

Operations / Serious Injuries (with dates): _____

Disability / Chronic / Recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications /Allergies: _____

Current medications: (Please provide details on a separate sheet if needed and send medications along with child at the start of camp) _____

Even if the camper has a remote history of asthma or allergies, please send along all medications, inhaler, nasal spray, and allergy eye drops.

Has the camper ever required any psychiatric counseling or hospitalization? Yes _____ No _____

NAME OF FAMILY PHYSICIAN: _____ TEL: _____

ADDRESS: _____

Disclaimer: This health history is correct as far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: In the event that I cannot be reached in an emergency, I hereby give permission to the physician authorized by the CHINMAYA MISSION TORONTO to hospitalization, secure proper treatment for and to order injection/anesthesia/surgery for the person named above.

Signature of Parent / Guardian: _____ Date: _____

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