



# Summerland Youth Centre Association

## SUMMER 2020 DAYCAMP PROGRAMS

### REGISTRATION FORM 2020

Participant's Name(s):		Age:	Program Date & DC #	<input type="checkbox"/> Early Bird/ After Care
1.				
2.				
Participant's Street Address:			Home Phone:	
			Cell Phone:	
Participant's Swimming Ability:				
1. _____ Strong _____ Capable _____ Weak _____ Non Swimmer _____ Lifejacket Required				
2. _____ Strong _____ Capable _____ Weak _____ Non Swimmer _____ Lifejacket Required				
<b><u>MEDICAL EMERGENCY &amp; IMPORTANT MEDICAL FACTS:</u></b> (allergies, medications, etc.)				
<hr/>				
In case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency centre by the Youth Centre staff when I cannot be contacted. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.				
Signature _____ Name: _____				
Email address*:				
Our schedule is subject to change due to weather conditions; how would you prefer for us to notify you of any changes?				
<input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Text message				
*Schedules and What to Bring Lists will be emailed to you the week before your child is registered to start.				
B.C. Health Care Number:		1.	2.	
Family Doctor:			Phone Number:	
Emergency Contacts:				
	First Name:	Last Name:	Relation to Participant:	Phone Number:
1.				
2.				
Any other information we should know to help the participant have an enjoyable week:				

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Cheque

Registration begins Wednesday, June 3, 2020 6:30 – 8:00 pm at the

**Harold Simpson Memorial Youth Centre**

**CASH or CHEQUES payable to: SUMMERLAND YOUTH CENTRE ASSOCIATION (SYCA)**

**Registration after June 3, 2020 at the Summerland Aquatic & Fitness Centre**