

S.W.O.L.E.

Self-Respect

Work Hard

Overcome Adversity

Lead By Example

Excellence

Sports Youth Leadership

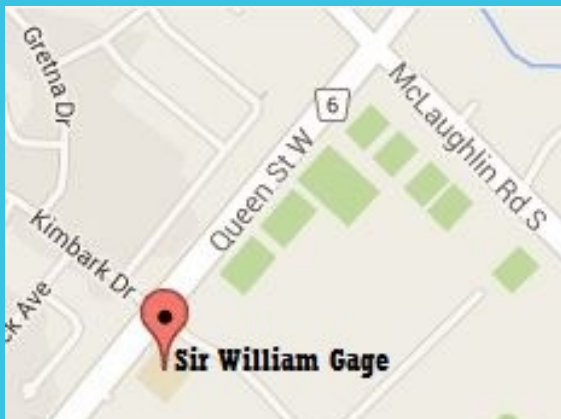
2017

SUMMER CAMP

BRAMPTON

FOR GIRLS & BOYS AGES 7-13

Where?



625 Queen Street W. Brampton

SIR WILLIAM GAGE

This is not a Peel District School Board initiative

\$199 plus HST

Per Week

When?

- Week 1 - **JULY 3-7**
- Week 2 - **JULY 10-14**
- Week 3 - **JULY 17-21**
- Week 4 - **JULY 24-28**

Monday to Friday 9:00am - 4:00pm

(Early drop off and late pick up options available)



To Register

Contact us 905 487-0150

www.onevoiceoneteam.org



S.W.O.L.E. Summer Camp - Registration Form Sir William Gage Middle School

(625 Queen St W, Brampton, ON. L6Y 5L6)

This is not a Peel District School Board initiative

Participant Information:

Last Name: _____ First Name: _____

School: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ Postal Code: _____

Family Physician Name & Contact Number: _____

T-Shirt Size:
Youth or Adult
S M L XL

Parent/Guardian Information:

Mother's Name: _____ E-mail: _____

Daytime Phone Number: _____ Cell/Work Phone Number: _____

Father's Name: _____ E-mail: _____

Daytime Phone Number: _____ Cell/Work Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Daytime Phone Number: _____

Camp Dates:

July 3rd - July 7th July 10th - July 14th July 17th - July 21st July 24th - July 28th

Camp Times:

Summer program hours are 9:00am-4:00pm, with early drop-off at 8:00am and late pick-up at 5:00pm

Early drop-off before 8 am or Late pick-up after 5pm = \$5/day charge each

Methods of Payment:

Credit Card: Register and Pay online at www.onevoiceoneteam.org

Cheque: Payment is **\$199.00 (plus HST)**. Total cost - **\$224.87** certified cheque or money order **ONLY** made payable to:

One Voice One Team Youth Leadership Organization

Cash: Payment can be made at the One Voice One Team office or on camp site.

For more information, please call (905) 487-0150 or email us at summercamps@onevoiceoneteam.org

Waiver

I agree that as a parent/guardian of a child who is a participant in the One Voice One Team Youth Summer Camp Program, my child will participate in activities that may be physically challenging. I am aware of the risks and hazards associated with this camp. I agree that One Voice One Team, its trustees, officers, directors, employees, agents, and independent contractors, shall not be liable for any injury to my child or any loss/damage to my child's property arising from, or in any way resulting from my child's participation in these activities.

Parent/Guardian Signature: _____

Date: _____

Health and Medical Information

Does your child have any relevant medical conditions we need to be aware of? (i.e., seizures; vision problems; hearing impairment; physical limitations; asthma; diabetes; allergies) Yes No

If yes, please list and explain:

Please list any medications that your child will be required to take or carry with them: (i.e., Epi-Pen, asthma inhalers): _____

I have provided One Voice One Team with all necessary medical information and can be reached at the numbers listed above. I authorize One Voice One Team staff to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending medical professional.

Parent/Guardian Signature: _____

Date: _____

Date: _____

Photo Release

I give consent for One Voice One Team to take photographs, videotapes, or make digital recordings of my child. I hereby acknowledge that One Voice One Team will use camp footage, including still photographs and video images for camp promotional purposes.

Parent/Guardian Signature: _____

Date: _____