

CENTRAL TECHNICAL SCHOOL

SPORTS CAMPS

**ENROLL
NOW!**

~~~~~**SUMMER FUN!**~~~~~

**LUNCH  
INCLUDED!**

## MULTISPORT CAMP

**JULY 2-5; 8-12; 15-19; 22-26; AUGUST 19-23; 23-30**

**FULL DAY, ONE-WEEK CAMPS • AGES: | 6 TO 7 | 8 TO 9 | 10 TO 11 | 12 TO 14 |**

**CALL 416-393-0070 OR REGISTER ONLINE AT [CENTRALTECHNICALSCHOOL.CA](http://CENTRALTECHNICALSCHOOL.CA)**



# MULTISPORT CAMP

(FULL DAY, ONE-WEEK CAMP)

AGES: | 6 TO 7 | 8 TO 9 | 10 TO 11 | 12 TO 14 |

Join our multisport camp! A wide variety of sports are offered such as athletics (track & field), flag football, ultimate, soccer, fitness training and more. Multi-Sport Camp emphasizes fitness, skill development, fair play and cooperation. Campers will develop skills while playing a variety of sports in a non-competitive atmosphere that focus on running, jumping, catching, throwing, kicking, striking and hitting.



| DATES        | AGES    | CODE   | EARLY-BIRD FEE<br>(UP TO JUNE 15) | REGULAR FEE<br>(AFTER JUNE 15) |
|--------------|---------|--------|-----------------------------------|--------------------------------|
| JULY 2 - 5   | 6 - 7   | MS1720 | \$80                              | \$100                          |
| JULY 2 - 5   | 8 - 9   | MS1721 | \$80                              | \$100                          |
| JULY 2 - 5   | 10 - 11 | MS1722 | \$80                              | \$100                          |
| JULY 2 - 5   | 12 - 14 | MS1723 | \$80                              | \$100                          |
| JULY 8 - 12  | 6 - 7   | MS1724 | \$100                             | \$125                          |
| JULY 8 - 12  | 8 - 9   | MS1725 | \$100                             | \$125                          |
| JULY 8 - 12  | 10 - 11 | MS1726 | \$100                             | \$125                          |
| JULY 8 - 12  | 12 - 14 | MS1727 | \$100                             | \$125                          |
| JULY 15 - 19 | 6 - 7   | MS1728 | \$100                             | \$125                          |
| JULY 15 - 19 | 8 - 9   | MS1729 | \$100                             | \$125                          |
| JULY 15 - 19 | 10 - 11 | MS1730 | \$100                             | \$125                          |
| JULY 15 - 19 | 12 - 14 | MS1731 | \$100                             | \$125                          |
| JULY 22 - 26 | 6 - 7   | MS1732 | \$100                             | \$125                          |
| JULY 22 - 26 | 8 - 9   | MS1733 | \$100                             | \$125                          |
| JULY 22 - 26 | 10 - 11 | MS1734 | \$100                             | \$125                          |
| JULY 22 - 26 | 12 - 14 | MS1735 | \$100                             | \$125                          |
| AUG 19 - 23  | 6 - 7   | MS1736 | \$100                             | \$125                          |
| AUG 19 - 23  | 8 - 9   | MS1737 | \$100                             | \$125                          |
| AUG 19 - 23  | 10 - 11 | MS1738 | \$100                             | \$125                          |
| AUG 19 - 23  | 12 - 14 | MS1739 | \$100                             | \$125                          |
| AUG 26 - 30  | 6 - 7   | MS1740 | \$100                             | \$125                          |
| AUG 26 - 30  | 8 - 9   | MS1741 | \$100                             | \$125                          |
| AUG 26 - 30  | 10 - 11 | MS1742 | \$100                             | \$125                          |
| AUG 26 - 30  | 12 - 14 | MS1743 | \$100                             | \$125                          |

**! EARLY-BIRD REGISTRATION • \$100 BY JUNE 1<sup>ST</sup>**

# REGISTRATION FORM (1 PER CHILD)

## PRIMARY PARENT/GUARDIAN CONTACT INFO:

|               |  |                |  |
|---------------|--|----------------|--|
| Last Name:    |  | First Name:    |  |
| Address:      |  |                |  |
| City:         |  | Postal Code:   |  |
| Home Phone:   |  | Daytime Phone: |  |
| Primary Email |  |                |  |

## SECONDARY PARENT/GUARDIAN CONTACT INFO (OPTIONAL):

|               |  |                |  |
|---------------|--|----------------|--|
| Last Name:    |  | First Name:    |  |
| Address:      |  |                |  |
| City:         |  | Postal Code:   |  |
| Home Phone:   |  | Daytime Phone: |  |
| Primary Email |  |                |  |

## CHILD'S INFO:

|                |   |             |   |   |   |   |   |   |         |      |  |        |  |
|----------------|---|-------------|---|---|---|---|---|---|---------|------|--|--------|--|
| Last Name:     |   | First Name: |   |   |   |   |   |   |         |      |  |        |  |
| Date of Birth: | M | M           | - | D | D | - | Y | Y | Gender: | Male |  | Female |  |

|                           |                                         |                  |                  |                    |                    |
|---------------------------|-----------------------------------------|------------------|------------------|--------------------|--------------------|
| <b>PROGRAM SELECTION:</b> |                                         | <b>AGE 6 – 7</b> | <b>AGE 8 – 9</b> | <b>AGE 10 – 11</b> | <b>AGE 12 – 14</b> |
| Multisport Camp           | Code:                                   |                  |                  |                    |                    |
| Extended Care             | YES MY CHILD WILL REQUIRE EXTENDED CARE |                  |                  | AM                 | PM                 |
|                           |                                         |                  |                  | M                  | T W TH F           |

## EMERGENCY CONTACT INFO (OTHER THAN PARENT/GUARDIAN):

|               |        |               |
|---------------|--------|---------------|
| Contact Name: | Phone: | Relationship: |
|---------------|--------|---------------|

|                                                                       |                                                  |  |  |     |    |
|-----------------------------------------------------------------------|--------------------------------------------------|--|--|-----|----|
| <b>MEDICAL AND EMERGENCY INFORMATION</b>                              |                                                  |  |  |     |    |
| List any allergies:                                                   | Does your child carry an epi-pen?                |  |  | YES | NO |
|                                                                       | Has your child been trained to use the epi-pen?  |  |  | YES | NO |
|                                                                       | Will any medication be administered at the camp? |  |  | YES | NO |
| List any medical concerns or information of which we should be aware: |                                                  |  |  |     |    |
|                                                                       |                                                  |  |  |     |    |
|                                                                       |                                                  |  |  |     |    |
| List any dietary restrictions of which we should be aware:            |                                                  |  |  |     |    |
|                                                                       |                                                  |  |  |     |    |



**PICK-UP INFORMATION**

|                                                                                               |     |    |    |  |
|-----------------------------------------------------------------------------------------------|-----|----|----|--|
| Does your child have permission to leave camp on their own?                                   | YES |    | NO |  |
| Who including the parent/guardian(s) has permission to pick up your child/children from camp? |     |    |    |  |
| 1.                                                                                            | 2.  | 3. |    |  |

**REFUNDS**

Refunds, less a cancellation fee of 10% of the registration fee, will be given 10 days prior to the start of the camp after which, no refund will be given. There are no discounts for days not attended. The refund policy applies to camp programs and extended care.

**TRANSFERS**

Transfers are available free of charge to camps of the same price; if the camp into which you are transferring has a higher price, the difference must be paid. If the camp into which you are transferring has a lower price AND the request is received at least 10 days prior to the start of camp, you will receive a refund of the difference. There will be no refunds for transfers to a lower priced camp if the request is made within 10 days of the start of the camp.

**EXTENDED CARE**

Camp hours are 9:00 a.m. – 4 p.m. Pre-camp supervision, from 8:00 a.m. – 9:00 a.m., and post-camp supervision, from 4:00 p.m. – 5:00 p.m., are included with every camp registration. Please indicate your request in the body of this form. Campers who are not registered in the extended care program must be picked up at 4:00 p.m.

**PRIVACY NOTICE**

Central Technical School, creates, uses, maintains, discloses and disposes of information for the purposes of operating the programs and business functions of the School in a manner consistent with the Freedom of Information and Protection of Privacy Act.

**INFORMED CONSENT AGREEMENT**

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT that the participant(s) that I am registering are physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that the TORONTO DISTRICT SCHOOL BOARD shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the TORONTO DISTRICT SCHOOL BOARD or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

**PARENTAL APPROVAL:**

|                            |                  |  |
|----------------------------|------------------|--|
| Parent/Guardian Signature: | Date (MM-DD-YY): |  |
|----------------------------|------------------|--|

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement.

|                                                                                                                 |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HOW TO REGISTER:</b>                                                                                         |                                                                                                                                                                |
| <b>ONLINE AT</b><br><br><b><a href="http://www.centraltechnicalschool.ca">www.centraltechnicalschool.ca</a></b> | <b>IN-PERSON AT</b><br>Central Technical School<br>725 Bathurst St., Toronto, Ontario M5S 2R5<br>Main Office, Room 202<br>Monday to Friday, 9:00 AM to 3:00 PM |

**INCOMPLETE APPLICATIONS CANNOT BE PROCESSED****ADDITIONAL INFORMATION:**

Information is available online at [www.centraltechnicalschool.ca](http://www.centraltechnicalschool.ca). or call 416-393-0070.