



Registration Form

Camper's Name		
Address		
City		Postal Code
Date of birth (D/M/Y)		
Boy	<input type="checkbox"/>	Girl <input type="checkbox"/>
Adult Contact Name		
Phone (H)	Phone (C)	Phone (B)
Alt Contact		Phone
Email (mandatory)		
Session:		
<input type="checkbox"/> Week 1: July 4-8		
<input type="checkbox"/> Week 2: July 11-15		
<input type="checkbox"/> Week 3: July 18-22		
<input type="checkbox"/> Week 4: July 25-29		
<input type="checkbox"/> West end pick up – 1 Civic Centre Court, Etobicoke (TDSB West Education Office)		
<input type="checkbox"/> East end pick up – 140 Borough Drive, Scarborough (TDSB East Education Office)		
Dorm room request (optional)		
Place in same group as (optional)		
Placement of siblings: same group <input type="checkbox"/> different group <input type="checkbox"/>		
I have enclosed:		
<input type="checkbox"/> Partial payment: \$ _____		
<input type="checkbox"/> Fully payment \$475 (by June 1 st)		

Certified cheque or money orders made payable to:

"Etobicoke Outdoor Education Centre"

Mail to: Summer Camp, Etobicoke Outdoor Education Centre, 16557 Humber Station Road, Caledon, ON L7E 3A5

Contact info:

Camp Director – Abbey Rodriguez

<http://schoolweb.tdsb.on.ca/eoec/SummerCamp.aspx>

tel: 905-880-1890

email: eoec.camp@gmail.com

Parent/Guardian Permission Form

I/we give permission for my/our child/ward, _____, to participate in the Summer Camp in the Hills at Etobicoke Outdoor Education Centre from _____ (date)

Emergency contact _____

Emergency phone number _____

Parent Signature _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the camp staff permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Media Release

I, _____ (parent/guardian name), hereby give consent to my child/ward being filmed, interviewed, photographed or have audio or video recordings made of my child/me by the media (print, broadcast and on-line), and employees, agents or servants of the Toronto District School Board for the summer of 2016.

I understand that the text or image(s) may appear in electronic form on the internet or in other publications outside of the Board's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Signature of Parent/Guardian _____

Date _____

HOW DID YOU HEAR ABOUT US? _____

THANKS TO ALL OUR SUPPORTERS! See you soon!