

Summer Programs

Summer Camp • Leader in Training

July 6 to August 28, 2015

Registration Opens
May 4, 2015



Summer Programs

Summer Camp - Ages 3 to 12 years old

The Summer Camp Program will provide fun balanced experiences from the resources and wealth of the West Lincoln Community. Exceptional Camp Staff ensure the safety and wellbeing of all participants at camp.

Leader In Training L.I.T. - Ages 12 to 16 years old

The Leader In Training L.I.T. Program will run for one week during the summer. The week of July 20 to July 24 is the week available for this program. Participants will be provided with instruction in leadership and have the opportunity to put their new skills into practice with the Summer Camp Program.

SCHEDULE

July 6 to July 10 - Crafts
July 13 to July 17 - Pan Am-palooza
July 20 to July 24 - Reptiles & Amphibians
July 27 to July 31 - H₂wOw!
August 4 to August 7 - Camp Rock
August 10 to August 14 - Science
August 17 to August 21 - Pay it Forward
August 24 to August 28 - Best of the Best

HOURS

9:00am to 3:30pm

Extended care is available.

Extended Care

Morning: 7:30am to 9:00am - \$5.00/day

Afternoon: 3:30pm to 5:30pm - \$5.00/day

LOCATION

West Lincoln Arena

If required, parents/guardians will be advised of an alternative location.

FEES

Early Bird - Register by June 5 at 4:30pm

\$113.00/week and \$28.00/day

August 4 to August 7 week - \$90.00

Leader In Training L.I.T. - \$56.50/week

Regular Rates - After June 5 at 4:30pm

\$125.00/week and \$31.00/day

August 4 to August 7 week - \$100.00/week

Leader In Training L.I.T. - \$62.50

REGISTRATION

**Registration opens
May 4, 2015 at 9:00am**

Township Administrative Office
318 Canborough Street
Smithville, ON L0R 2A0



PARTICIPANT INFORMATION

Participant Name		Age	Birthdate DD/MM/YYYY	Sex male <input type="checkbox"/> female <input type="checkbox"/>
Address			Email	
Parent/Guardian Name	Daytime Phone Number	Cell or Other Phone Number	Permission to Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/Guardian Name	Daytime Phone Number	Cell or Other Phone Number	Permission to Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Contact	Daytime Phone Number	Cell or Other Phone Number	Permission to Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	

MEDICAL/SPECIAL CONSIDERATION INFORMATION

We require the following information to be completed for all participants with medical or special considerations.

Allergies _____

ADD/ADHD _____

Behavioural Considerations _____

Physical/Developmental Considerations _____

Other Special Considerations and/or Medications _____

SUMMER CAMP REGISTRATION (Please check all days, weeks and ext. care and total...rates found on previous page)

Week 1 July 6-10		Week 2 July 13-17		Week 3 July 20-24		Week 4 July 27-31		Week 5 Aug. 4-7		Week 6 Aug. 10-14		Week 7 Aug. 17-21		Week 8 Aug. 24-28	
Crafts		Pan Am-palooza		Reptiles & Amphibians		H ₂ w0w!		Camp Rock		Science		Pay it Forward		Best of the Best	
Days	Ext. Care am pm	Days	Ext. Care am pm	Days	Ext. Care am pm	Days	Ext. Care am pm	Days	Ext. Care am pm	Days	Ext. Care am pm	Days	Ext. Care am pm	Days	Ext. Care am pm
Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>	Wk <input type="checkbox"/>	<input type="checkbox"/>
M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>
T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>	T <input type="checkbox"/>	<input type="checkbox"/>
W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>	W <input type="checkbox"/>	<input type="checkbox"/>
Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>	Th <input type="checkbox"/>	<input type="checkbox"/>
F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>
				LIT <input type="checkbox"/>											
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

WAIVER

In consideration of the enrolment in the above program(s), the undersigned, in his/her personal capacity, and on behalf of the participant named above, hereby releases and forever discharges the Township of West Lincoln, its agents, servants and employees from all damages, claims, actions or causes of actions, however caused, arising from the participation of the said participant in the above-noted program(s) at any location where the program may be conducted, except where the damage or injury to the said participant is caused by gross negligence of the said Township, its agents, servants, or employees. Permission is hereby granted to the Township of West Lincoln and its representatives to transport my child to a local Doctor or hospital for medical treatment if necessary.

The Township of West Lincoln reserves the right to use photographs of recreation programs and participants for promotional purposes.

Camp requires a minimum number of participants per day. If the minimum number of participants is not met by the week prior, registered participants will be contacted and camp will be cancelled. Refunds will be issued for cancellations.

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and said information will be used only to facilitate registration for Township program, to produce statistical reports, and to provide inclusive programming. Questions about this collection should be directed to the Township Clerk at 905-957-3346.

Signature (Parent or Guardian): _____

Date: _____

Recreation Services

Township of West Lincoln Camp Behaviour and Code of Conduct

At camp, we strive to provide a fun, safe, and respectful environment for all of our campers. We believe that every child has an equal right to have an excellent camp experience. It is for that reason that we always keep a close watch on any anti-social behaviour such as teasing or bullying which may affect another camper's experience.

Please remind your child(ren) that if they notice such behaviour from another camper, they should quietly inform their camp leader or another staff member immediately so that they can promptly rectify the situation.

Behaviour reports must be completed any time a camper exhibits behaviour that is not appropriate for camp. A behaviour report will be completed and must be signed by the Camp Leader, the Summer Camp Supervisor, the parent and the Coordinator of Recreation Services. Managing the risks in our programs is achieved through communication, rules and boundaries.

If problem behaviour is serious or persistent and should the Camp Supervisor, in consultation with camp staff and the Coordinator of Recreation Services, feel that a particular camper is a threat to any fellow camper, staff member or guest, he/she will be asked to leave the camp program immediately by notification to Parents/Guardians. Parents or Guardians will be notified and requested to pick up the child. There will be no refund of fees.

Your child must:

- Be able to take instruction and follow direction from camp staff.
- Not behave in a manner that negatively affects another camper's experience.
- Understand that they may not physically or verbally hurt others, and they will respect the feelings, safety and personal integrity of themselves and others.
- Respect camp property and/or another camper's property. Parents/Guardians will be responsible to pay for any damages deliberately caused by their child by defacing or damaging said property.

Guidelines are for the protection and benefit of all; violations can result in immediate removal from camp.

Unacceptable Behaviour

Behaviour deemed inappropriate includes but is not limited to:

- Leaving the instructed boundaries unless accompanied by a camp staff member.
- Threatening behavior, bullying, offensive or insulting language, verbal or physical abuse to other campers, staff or guests.
- Borrowing of other's possessions without their consent.
- To be in possession of a weapon or implement that staff deem dangerous or potentially dangerous.
- Any illegal activity.

Name of Child(ren) _____

Signature (Parent or Guardian) _____ Date _____