



**MARCH BREAK CAMP**  
 Week 1  
**MARCH 9-13: 8:30 am – 12 pm**



**For further details: (416) 922-3714 ext 103**

Register your children now for this Monday, March 9 to Friday, March 13 period of activities. Our program promises a fun-packed week. Mooredale Day Camp Staff will care for your children from 9 am to 12 pm each day.

**\*\*All children must be part of a family membership\*\***

**FOR**

Children 4 –10 years (must be 4 years by March 16<sup>th</sup>, 2015)

**WHERE**

Mooredale House: 146 Crescent Rd, Toronto

**COST:**

- \$ 225 - Multi-Sport Stream: Ages 4 - 8
- \$ 240 – Intro to Culinary Arts: Ages 6 - 10

**PROGRAM FEATURES**

- Specialized instruction from TAC Sports and Sure Chef
- Culinary stream participants will learn two recipes a day, and host a final lunch meal on Friday for parents
- Multi-Sport stream includes fun, age-appropriate instruction in tennis, basketball and European handball\*\*

\*\*Wear play clothes and dress accordingly for outdoor breaks

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Epi-pen  YES  NO

Please specify any medical or behaviour issues, which may affect your child's full participation in camp activities:

(Use back of form if needed) \_\_\_\_\_

Is your child taking any prescribed medication between the hours of 8:30am and 5:30pm? If so, please give details:

Are there any custodial arrangements the March Break staff should know about for permission to pick-up your child?

No  Yes, please explain \_\_\_\_\_

Any special requests/concerns to alert the Camp Director: \_\_\_\_\_

Emergency contact available during the hours of 8:30am and 5:30pm in the event that either parent is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to camper: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ ext \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ ext \_\_\_\_\_ Cell: \_\_\_\_\_

**Payment – Please PRINT CLEARLY**

I will be paying by:					The amount of:
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa Card	
Card #:			exp		
Full name that appears on the credit card			Card holder SIGNATURE		

**Authorization**

"I am a member of the Rosedale-Moore Park Association, and consent to the participation of the above-named and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained by the participant as above-named in consequence of participation in Association activities. I also consent to the use by the Association of the participant's likeness (photographs, video) for publicity purposes. I authorize the Rosedale-Moore Park Association to communicate with me by email."

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_