

STUDENT'S CONTACT INFORMATION	
First Name:	Last Name:
Home Address:	
Postal Code:	Home Phone:
Cell Phone:	Email:
Birth date (mm/dd/yyyy):	Age:
PARENT/GUARDIAN INFORMATION	
1) Parent/Guardian Full Name:	
Home Phone:	Business or Cell:
Email:	
2) Parent/Guardian Full Name:	
Home Phone:	Business or Cell:
Email:	
MEDICAL INFORMATION	
Student's health card number:	
Please specify any allergies:	
Does the student take any medication (please specify)?	
Any other medical conditions (please specify)?	
Should the student be restricted from any activities?	
PICK UP INFORMATION	
Please fill in the info below relating to student pick up:	
Parent / Guardian named above will be picking up the student daily:	Y / N
If you have made arrangements for your teen to be picked up by someone other than the parent / guardian above, please note the individual below:	
Full Name: _____	
Relation: _____	
Staff to be present upon pick up:	Y / N *
* Please note: students are to be picked up on time at the end of the camp. We are not responsible for the students after camp is dismissed and/or late pickups. Summer, March Break & Holiday Camps pickup at 3pm and Fall / Winter Camps pickup at 11:30am	
EMERGENCY CONTACT INFORMATION:	
1) Emergency Contact Full Name:	
Home Phone:	Business or Cell:
2) Emergency Contact Full Name:	
Home Phone:	Business or Cell:

DAYCAMP PROGRAMS AGREEMENT, CONSENT & WAIVER FORM

PART A: DELIVERY AND PICK UP

- I understand that no child will be released if staff are of the opinion that the child may be at risk.
- I will be responsible for the care and transportation of my child to and from GTA Photography Classes.
- I have filled out the pick up information section on the previous page and the staff at GTA Photography Classes will ensure that my child will be supervised according to the information provided.

PART B: HEALTH

- I understand that no child may attend who is judged to be ill or a source of infection.
- If my child is too sick to participate in the program, I understand that I may be called to pick up my child.
- I will notify staff if my child contracts a communicable disease. I understand that my child may not return until they are no longer infectious.

PART C: EXCURSIONS

- I hereby give my permission for my child to go on excursions off site. I understand that my child will only be going to destinations that are within walking distance from GTA Photography Classes. Typically, excursions include visits to parks, the lake, Distillery District, CN Tower and other attractions within the St. Lawrence Market area.

PART D: ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

- I acknowledge that I am aware of the details of day Camp activities and that there is a possibility of personal risk of serious injury in the activities and willingly agree to assume responsibility for those risks as a condition of registering for the program.
- I understand that if my child does not abide by the rules and regulations set by GTA Photography Classes Day Camp program and endangers his/her own and others safety and health, he/she may be asked to leave the camps and may not be able to return.

PART E: PHOTO RELEASE

- I hereby release the right to use photo / video materials to promote the programs which operate under GTA Photography Classes while participating in the program.

PART F: SIGNATURE

- By signing, I acknowledge that I have read and understand this agreement, consent and waiver and agree to abide by the information presented while my child is participating in the GTA Photography Day Camp program.

CHILD'S NAME: _____

AGE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____