

Carrie Whalen's 24th Annual Y.A.K. Camp
2018 March Break Registration Form

Young Artists of Kingston, 716 King St. West, K7M 2G2,
613 539 5774, yakcamps@mac.com

Office Use Only
PAID: _____
DATE: _____
Confirmation Sent.: _____

Please print and fill out **one application form per camper:**

Child's Name: _____ Goes By: _____
Sex: _____ Age: _____ Birth Date: _____
Is this the first time your child has partaken in a Y.A.K. Camp? _____
Health Card #: _____

Allergies, Medical Conditions, or behavior problems (We must be notified if your child has Autism, ADD etc.)

Parent A: _____ Occupation: _____

Home Phone: _____, Work #: _____ Ext: _____ Cell: _____

Mailing Address _____ Postal Code: _____

*We do camp confirmations via e-mail so it is important that you provide an e-mail address written **CLEARLY***

E-Mail: _____

Parent B: _____ Occupation: _____

Home Phone: _____, Work #: _____ Ext: _____ Cell: _____

E-Mail: _____

Please circle what your child is interested in (you can circle more than one) :

Art Based Lego Robotics

Please Circle the Dates that you're registering for:

	M	T	W	Th	F
March	12	13	14	15	16

Extended hours

8-9a.m. @ \$7. per hour= \$ _____ List which days

4-5p.m. @ \$7. per hour= \$ _____ List which days

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Photos

If you do not want photos of your child used in our advertising you must attach a letter stating so with a current photo of your child so that we will be able to recognize him/her when we are putting together our ads.

Camp Fee = Number of days _____ x \$60 = _____
Extended Hrs. (\$7. per hr./day) 8-9 a.m. \$ _____
(\$7. per hr./day) 4-5 p.m. \$ _____

Sub-Total \$ _____
Tax (13% HST) \$ _____
Total Price \$ _____

All cheques must be made payable to Carrie Whalen only! (Not YAK or Young Artists of Kingston)

We also accept E-Transfers: cboowhalen@mac.com Please email us before your transfer for your password

After March 1st all payment must be made in person with cash.

Camper Release Form

I, _____ as the parent/guardian of _____ permit my child to participate in Carrie Whalen's Y.A.K. Camps activities under the supervision of the camp instructors, and hereby release Carrie Whalen & Y.A.K Camp, its directors, instructors, volunteers and/or affiliates from any claim or action of any kind for damages, loss or injury, excepting those caused by neglect, which may occur as a result of my child's participation. I agree that Carrie Whalen or camp staff may seek immediate medical attention for any injury which my child may incur during the course of the camp session(s).

I have also read the Y.A.K. Camp registration information. I agree with all policies and have addressed the director with any concerns I have. I have also gone over all relevant information with my camper.

_____ Signature of Parent or Legal Guardian