



Summer Leadership Camp

For youth ages 12 -15



Session 1: July 10 - 21, 2023

Session 2: July 31st - August 18, 2023 (Closed August 7th)

10 am – 4 pm

Session 1: \$300/child

Session 2: \$450/child

Fees include a \$25 non-refundable admin fee per week/child.

Our programs are open to everyone! Please contact us to learn about subsidy options.

**Please send all completed forms to
childandyouth@applegrovecc.ca**

Please note this program will only operate if public health protocols permit and minimum registration numbers are met.
In the event camp must close all families will be notified.

Applegrove Summer Leadership Camp

We are excited to announce that two sessions of Leadership Camp will be offered this summer. We will be offering a two-week and a three-week session this year. By popular demand, the leadership camp will be engaged in organizing at least one event for the community. In July, the group will focus on running a special event for the camp and in August, the youth will be organizing a community-wide event. The camp will also include a variety of activities, workshops and trips designed to build leadership and life skills.

Registration Information

Fees:

Session 1: \$300/child

Session 2: \$450/ child

Fees include a \$25 non-refundable admin fee per week/child.

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****FULL PAYMENT IS DUE AT REGISTRATION****

Refunds, less the non-refundable \$25 admin fee/week/child, are only available with 10 calendar days advance notice.

Cheques should be made payable to "Applegrove Community Complex"

**** NEW – Please be advised that fees are non-refundable for unexpected short-term closures (2 day or less) beyond Applegrove's control. These may include but are not limited to TDSB school closures, inclement weather, etc. This ensures that staff, food and program costs that we have already incurred or which we are committed to pay can be covered.****

Camp Information

Lunches: Please send a **NUT-FREE** lunch and a drink every day.
Lunches **will not be refrigerated** (mayonnaise and lunch meats can spoil quickly) and glass bottles and containers should be avoided.

Behaviour: Serious behaviours such as kicking, punching, discrimination, and verbal/physical threats **are completely unacceptable at our camp** and may result in suspension for the rest of the summer.

Late Fees: Pick up is no later than 4:00 p.m. (**Late fees will apply at a rate of \$1/per minute.**)

**For more information visit our website at
www.applegrovecc.ca
or call 647-233-8143.**

Youth Information

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First name

Last name

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Date of Birth

Age

Gender

Pronouns

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Street #

Street Name

City/Town

Postal Code

Suite/Apt #

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Emergency contact (not parents/guardians)

Telephone #

Relation to child

--

Allergies & Food restrictions

--

Challenges, disabilities or health challenges

--

Swimming ability & comfort level (can include swimming lessons level completed)

1.	2.	3.
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Friends, family or classmates you would like your child grouped with (this is a consideration and not guaranteed)

Does your child currently take any medication(s) on a regular basis?

Yes No (If yes, please complete separate medication form)

Parent/Guardian Information

Parent/Guardian 1

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First name

Last name

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Primary telephone #

Secondary telephone #

Email address

Parent/Guardian 2

--	--

First name

Last name

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Primary telephone #

Secondary telephone #

Email address

Camp Sessions

Please check the weeks of camp you would like to request.

Session 1 (two weeks): July 10-21	Session 2 (three weeks): July 31- August 18 *Closed August 7
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Home Safely

We want your child to arrive home safely every day, please complete the following information. For your child's safety, we must be notified in writing of any changes.

Please print names of everyone (including parents and siblings) who are allowed to pick up your child:

OR

My child is allowed to go home on their own. Yes no **leaving the program by _____ pm**

Is there anyone who SHOULD NOT pick up my child? Yes no **Please list the names & relation below:**

IMPORTANT: Please read the following paragraph, sharing of information consent, and sign below:

I give permission for the above-named child to participate fully in both on and off-site activities and trips, unless otherwise indicated in writing. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Applegrove staff will attempt to contact me at the telephone numbers listed above. Applegrove will not accept responsibility for such services/treatment. Having taken all reasonable precautions, Applegrove shall not be held responsible for any accident or sickness of this child.

Sharing of information consent

I give permission for Applegrove staff to share information with the Duke of Connaught school staff and Administration for school related inquiries and for school staff to share information with Applegrove staff.

YES NO

Release of liability, waiver of claims, assumption of risks and agreement (please read carefully)

I recognize that my participation in the program/activity for which I register may include a risk to my health or a risk of injury. I hereby willingly assume such health risk or risk of injury for myself or for the person(s) for whom I am in law responsible, and I assume full responsibility before, during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the City of Toronto, all other organizations, associations and companies associated with any of the programs offered by the City of Toronto, and all their respective employees, agents, contractors, consultants, representatives, elected and appointed officials, successors and assigns (all of whom are called the "City Indemnitees") OF AND FROM ALL claims, demands, losses, damages, costs, actions and other proceedings whatsoever, whether in law, statute or equity, in respect of death, injury, loss or damage to me or my property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the City Indemnitees, arising or to arise by reason of my participation in the program or any of its associated activities.

I ACCEPT

Signature

Date

The Board of Management of Applegrove Community Complex collects personal information on this form under the legal authority of the City of Toronto Act, 2006, S.O. 2006, Chapter 11, Schedule A, sections 136 and 143, former City of Toronto Municipal Code Chapter 25, Community and Recreation Centres, and the Relationship Framework between the Association of Community Centre Boards of Management and the City adopted at the City Council meeting on September 25, 26 and 27, 2006 (see Clause 17, Report No. 7 of the Policy and Finance Committee). The information is used to process your application for program participation, to provide a safe and healthy program environment and to contact an emergency contact person in the event of an emergency; the registration of individuals in programs and, payment or reimbursement of fees; collection of outstanding fee amounts; aggregate statistical reporting, contacting clients regarding upcoming programs, and additional mailings, including newsletters/surveys and email notifications and receipt transactions. Questions about this collection can be directed to Applegrove Executive Director, 60 Woodfield Road, Toronto, Ontario M4L 2W6 416-461-8143.

Program/event: _____

Individual/parent/guardian

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Telephone Number

Other persons for whom permission is being given

First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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I give Applegrove Community Complex (Applegrove) permission to photograph, videotape, audiotape and/or interview either myself, or the person(s) on whose behalf I am giving permission named above ("the recordings"), and to publish the recordings in Applegrove publications/materials, including marketing and promotional materials, and the Applegrove official Web site, both now and in the future. The recordings shall constitute the exclusive property of Applegrove and may be reproduced by Applegrove and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.

If I am providing the permission on behalf of someone other than myself, I warrant that I have the authority to do so.

I CONSENT

I DO NOT CONSENT

Signature: _____

Date: _____

The personal information on this form is collected under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, sections 8 and 136 (c). The information is used to obtain consent to reproduce and publish photograph/videotape/audiotape/film/interview in Applegrove CC publications/materials, including marketing and promotional materials, and the Applegrove CC official website. Questions about this collection may be directed to Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Rd., Toronto M4L 2W6, or phone 416- 461-8143.

To be filled in by a parent or guardian

Child's name: _____

Name of medication: _____

Date of prescription: _____

Dosage: _____

Time(s) to administer: _____

What to do in case of missed dosage:

What to consider when giving medication: (i.e. take before or after meal, not to be given with dairy products)

Possible side effects:

Where should medication be stored: (i.e. in the fridge, in a cool dark place, must be kept room temperature)

Doctor's name: _____ **Doctor's Phone #:** _____

Will your child administer their medication on their own? YES NO

If so, will they need a reminder? YES NO

Parent/Guardian's Name

Signature

Date

The personal information on this form is collected under the authority of the Community Recreation Centres Act R.S.O. 1990, c. C22, and By-law No. 1994-0792, known as Chapter 25 of the Municipal Code for the City of Toronto. It will be used by Applegrove staff to administer your child's medication and to obtain care in an emergency. Questions about this collection may be directed to Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Rd., Toronto M4L 2W6, or phone 416- 461-8143