



**THIS REGISTRATION PACKAGE INCLUDES:
LETTER TO PARENTS, REGISTRATION FORM, MEDICAL & RELEASE FORMS**

Namaste Parents!

The Voice of Vedas (VOV) has planned another, exciting and enriching Summer Camp for 2017. This year's theme is Camp Vishnu. The children will be learning the significance of Vishnu in our culture and how they can emulate and relate the values into their everyday lives.

A dedicated group of certified energetic teachers will be teaching during the full two weeks of the summer camp. The objective of this year's camp is to "provide an enriching, learning and fun environment for children to discuss attributes and values through activities such as arts, crafts, games, sports, songs, poems, storytelling, dance, yoga and field-trips". At the end of the camp, the children will have an in-depth knowledge and insight of good culture and values.

Finally, parents will be given the opportunity to see a showcase of their child's experience on the final day of camp; with a special exhibit of their crafts and a performance culminating their efforts and activities during camp. This has always proven to be a proud and rewarding moment for the children, the families and VOV.

The price for the ten days of camp is \$275.00 per child. Included in this price is a nutritious vegetarian lunch and two light snacks.

Summer Camp Details:

Date: July 17, 2017 to July 28, 2017

Location: Vishnu Mandir (8640 Yonge Street, Richmond Hill, ON)

Price: \$275 per child

Registration is schedule to start on February 01, 2017 and ends May 31, 2017. You can pick up a Registration package at the Summer Camp booth at reception area at Vishnu Mandir, or download an application package from the VOV website www.vishnumandir.com . If you have any questions please do not hesitate to send an email to summercamp@vishnumandir.com.

With Thanks,
Summer Camp Committee



VISHNU MANDIR CULTURAL SUMMER CAMP

8640 Yonge Street, Richmond Hill, Ont. L4C 6Z4
(905) 886-1724

Monday July 17th – Friday July 28th 2017

**Children Birth of Dates Must Fall
In the years 2006 up to 2011
Time of Camp is 8:30 am to 4.00 pm**

CHILD'S NAME: _____ DATE OF BIRTH(MM-DD-YY): _____ AGE: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

HOME TEL: _____ WORK TEL: _____ CELL: _____

All Camp Info will be distributed by email (print clearly):

Email Address 1: _____

Email Address 2: _____

EMERGENCY CONTACTS:

Name	Relationship	Home#	Work#
1. _____			
2. _____			

**UNDER NO CIRCUMSTANCES WILL ANY CHILD BE RELEASED TO ANYONE NOT LISTED ON THIS FORM
WITHOUT THE WRITTEN AUTHORIZATION FROM THE PARENTS**

*****PLEASE COMPLETE BOTH SIDES OF THE FORM*****



MEDICAL INFORMATION

Allergies _____ Medications _____

Concerns (i.e. asthma, seizures, bee stings): _____

Please list any medication that your child will be taking at camp, and the dosage:

*****All medication must be in its original container with all instructions attached. You will be required to fill out a medication administration document before your child attends camp.***

Family Physician: _____ Phone #: _____

Health Card #: _____

PLEASE ANSWER THE FOLLOWING	YES	NO
My child has permission to go on field trips using bus transportation		
I give permission for the trip leader and/or other emergency personnel to administer first aid or medical treatment for a minor injury. In case of medical emergency, I understand that every effort will be made to contact me. However, in the event I cannot be reached, I hereby give permission to the camp organizers to hospitalize and/or secure or perform whatever treatment is deemed necessary for the wellbeing of my child.		
My child will be using before camp care. (Extra fee) **		
My child will be using after camp care. (Extra fee)**		

**** Before and after care 8:00 am to 8:15 am & 4:15 pm to 5.00 pm ****

Cost is \$5.00 per half hour/day. Late fee of \$1.00/minute will be charged after 5:00pm

Refund policy: All other fees will be refunded if your cancellation is received prior to June 15th; less \$50 processing fee. After June 15th, \$100 processing fee will be deducted. Once camp starts, no refund will be given.

Camp fees generously include ◇ 1 vegetarian lunch ◇ 2 light snacks ◇ 2 field trips ◇ A Camp T shirt

State Child's T-Shirt Size: Children (XS, S, M, L, XL): _____

Adult (XS, S, M, L, XL): _____

Please make cheque payable to "Voice of Vedas"

PAYMENT: CHEQUE _____ VISA/MASTERCARD/DEBIT _____



VISHNU MANDIR SUMMER CAMP

MEDICAL RELEASE

In the event that we cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact; I give permission for the trip leader and/or other emergency personnel to administer first aid or medical treatment for a minor injury. In case of medical emergency, I understand that every effort will be made to contact me. However, in the event I cannot be reached, I hereby give permission to the camp organizers to hospitalize and/or secure or perform whatever treatment is deemed necessary for the wellbeing of my child.

I also consent to emergency transportation if necessary.

DOCTOR'S NAME: _____ PHONE: _____

HEALTH CARD NO: _____ VERSION NO: _____

DOCTOR'S ADDRESS: _____

PARENT/GUARDIAN: _____ TEL NO: _____

EMERGENCY CONTACT: _____ CELL NO: _____

EMERGENCY CONTACT: _____ CELL NO: _____

Please Fill Out Both Sides of Form



VISHNU MANDIR SUMMER CAMP

THIS IS A RELEASE OF LIABILITY

PLEASE READ IT BEFORE SIGNING

In consideration of being allowed to participate in and attend the camp facility and program organized by The VISHNU MANDIR including all related out trips, events and activities, my child and I (the undersigned) acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for myself/my child's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself/my child from participation and bring such to the attention of the nearest CAMP REPRESENTATIVE OF THE VISHNU MANDIR immediately
4. I HEREBY RELEASE AND HOLD HARMLESS THE VISHNU MANDIR their officers, conveners, officials, agents and/or employees, sponsoring agencies, sponsors, and advertisers (Releases), WITH RESPECT TO ANY AND ALL INJURY OR DISABILITY, or loss or damage, to person or property.

I AGREE AND UNDERSTAND THAT I HAVE JUST ENTERED INTO A RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME: _____

SIGNATURE OF PARENT OR GUARDIAN:

DATE:
