



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

Namaste Parents!

Parents we have listened to your feedback and are happy to inform you that The Voice of Vedas (VOV) has implemented its first Youth Leadership Camp for one week in the summer of 2017. In this camp the youths will be learning values and skills to help them to grow socially while also developing other important skill sets.

We have a dedicated group of certified energetic teachers who will be facilitating and teaching this one week camp. The objective of the camp is to “provide an enriching, growth and fun environment for your youths to learn leadership skills; with a focus on team-building, communication, assertiveness, problem solving, and community services through workshops, games/sports and daily outdoor-trips;” doing such fun activities as mini golf, rock/rope climbing, the escape room, cooking with a real chef, bowling, the food bank and other building challenges.

VOV and its faculty do value our youths, adding this new leadership camp in appreciation of them, to help them with their growth and development. We are happy to offer this camp and feel confident that you will also see the great value of implementing our very own Youth Leadership Camp.

The price for the one week camp is:

Early Bird Special \$300.00 per child if you register before March 01, 2017

Regular \$350.00 per child when you register after March 01, 2017

Date: July 10, 2017 to July 14, 2017

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

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 YOUTH LEADERSHIP SUMMER CAMP

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

Monday July 10th – Friday July 14st 2016

**Youths Birth of Dates Must Fall
In the years 2003, 2004 2005
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 YOUTH 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 youth 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.		

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 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): _____

Youths (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:
