



**THIS REGISTRATION 6 PAGES PACKAGE INCLUDES:  
LETTER TO PARENTS, REGISTRATION FORM, MEDICAL & RELEASE FORMS**

**Namaste Parents!**

The Voice of Vedas (VOV) is proud to offer another, exciting and enriching Summer Camp. This year's camp theme is Shiva. The children will be learning the significance of Shiva in our culture and how to emulate and relate the attributes and values into their everyday lives.

The objective of this year's camp is to "provide an enriching, learning and fun environment for children to discuss the significance of Shiva through such activities as arts, crafts, games, sports, songs, poems, storytelling, dance, and yoga. At the end of the camp, the children will have an in-depth knowledge and insight of our rich culture and the symbolism of Shiva.

The price for the ten days of camp is \$300.00 per child. Included in this price is a nutritious vegetarian lunch and two light snacks.

**Summer Camp Details:**

Date: Monday July 22, 2019 to Friday August 02, 2019  
Time: 9:00 am to 4.00 pm  
Location: Vishnu Mandir  
(8640 Yonge Street, Richmond Hill, ON)  
Price: \$300 per child

Registration starts on February 08, 2019 and ends May 31, 2019. Please go to the website, [www.vishnumandir.com](http://www.vishnumandir.com) to download an application package. If you have further questions please send an email to [summercamp@vishnumandir.com](mailto:summercamp@vishnumandir.com) or call Janty at 416-879-8805.

With Thanks,

Summer Camp Committee



# VISHNU MANDIR CULTURAL SUMMER CAMP

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

Monday July 22, 2019 to Friday August 02, 2019

**Children Birth of Dates Must Fall  
In the years 2007 up to 2013  
Time of Camp is 9:00 am to 4.00 pm**

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

ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

All Camp Info will be distributed by email (Please Print Clearly):

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

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## EMERGENCY CONTACTS:

Name	Relationship	Home#	Work#
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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\*\*\*\*\*

SUMMER CAMP 2019 REGISTRATION FORMS  
 CHILDREN'S DATE OF BIRTH FALLS IN YEARS 2007 TO 2013  
 Price for ten days of camp is \$300.00 per child



## 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.		
<b>My child will be using before camp care (BCC) (Extra fee) **</b>		
<b>My child will be using after camp care (ACC) (Extra fee) **</b>		

**\*\* Before & After Care: 8:00 am to 8:30 am & 4:15 pm to 4:45 pm \*\***

**Cost is \$10.00/Half Hour**

**Late fee of \$1.00/minute charged outside the above BCC & ACC hours**

**ALL BEFORE & AFTER HOURS FEES ARE DUE THE SAME DAY THE SERVICE IS PROVIDED**

Refund policy: All fees will be refunded if your cancellation is received prior to June 10, 2019 less \$50 processing fee. After June 10<sup>th</sup>, \$100 processing fee will be deducted. Once camp starts, there is no refund.

Camp fees generously include ♦ 1 vegetarian lunch ♦ 2 light snacks ♦ 1 Camp T-shirt

*While our camp is vegetarian, peanut free, nut free and egg free; some foods items may contain or have traces of nuts and nut oils or may have been made alongside other products containing nuts*

State Child's T-Shirt Size: Children (XS, S, M, L, XL): \_\_\_\_\_ Youths (XS, S, M, L, XL): \_\_\_\_\_  
 Adults (XS, S, M, L, XL): \_\_\_\_\_

**PLEASE MAKE CHEQUE PAYABLE TO "VOICE OF VEDAS"**



## 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:**

\_\_\_\_\_

\_\_\_\_\_



**PLEASE ONLY USE THIS FORM IF YOUR CHILD  
HAS A SEVERE OR ANAPHYLACTIC REACTION**

**CHILD'S FULL NAME:**

**PLACE COPY OF  
A  
RECENT PHOTO  
OF  
YOUR CHILD  
HERE**

**STATE SPECIFIC ALLERGIES YOUR CHILD HAS:**

**IS YOUR CHILD ANAPHYLACTIC:**

**STATE ANY MEDICATION YOUR CHILD CURRENTLY TAKES:**

**PLEASE SEND THIS FORM WITH YOUR CHILD TO CAMP**