



2017 MAX Summer Camps – Crescent Collegiate

CAMP INFORMATION:

- Camps are open to all kids ages 5+ years; all camps are co-ed
- Each camp is 5 days in duration, Monday to Friday
- Camps run 8:30am-5:30pm

PARTICIPANT INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____

School Grade (as of September 2017) _____ Gender: Female Male MCP #: On File _____

Does the student require a booster seat for transportation in a vehicle? Yes No

Does the student require a flotation device while swimming? Yes No

For Camp MAX Participants Only - T-shirt size: Youth: S M L XL OR Adult: S M L XL

Does the student have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

CAMP SELECTION: Please select the camp(s) that the participant will attend (pricing details on page 2)

Week 2 - July 3-7

Camp MAX

Week 6 - July 31-August 4

Cheer and Dance Camp

Week 7 - August 7-11

Camp MAX

PARENT/GUARDIAN INFORMATION (Existing MAX Clients):

1. Name _____ Relationship to Student _____

Primary Contact # _____ Email _____

2. Name _____ Relationship to Student _____

Primary Contact # _____ Email _____

PARENT/GUARDIAN INFORMATION (New MAX Clients):

1. Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

EMERGENCY CONTACT (Other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

1. Name _____ Primary Contact # _____

PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ABOVE WHO ARE PERMITTED TO PICK THE STUDENT UP FROM MAX:

- Please note that each person other than parents/guardians who are permitted to pick the student up from MAX must be 18 years of age or older.

1. Name _____ 2. Name _____



PAYMENT DETAILS:

| Camp MAX | Cheer/Dance Camps |
|---|--|
| <ul style="list-style-type: none"> • \$140 (no HST) per camp • Non-Refundable t-shirt fee is \$20+HST for two (2) Camp MAX outing t-shirts • Non-refundable deposit per camp is \$50 (no HST) • Remainder of camp costs will be charged on the first day of each camp | <ul style="list-style-type: none"> • \$175+HST per camp • Non-refundable deposit per camp is \$50+HST • Remainder of camp costs will be charged on the first day of each camp |

****For any week in which 2 or more siblings are registered a \$20 discount will be applied per additional child****

PAYMENT OPTIONS:

Please check one (1) of the following two (2) payment options:

- Pre-Authorized Debit - Please complete the attached Pre-Authorized Debit (PAD) Agreement. A non-refundable deposit of per camp will be debited from your account within ten (10) business days from the date of receipt of this registration form. For Camp MAX participants, there is a onetime fee of \$20.00 + HST = \$23.00 for two (2) Camp MAX outing t-shirts. The remaining balance per student per camp will be debited from your account on the first day of each camp.
- Visa or MasterCard - Please complete the Visa/MasterCard Authorization section below. The total cost for all selected camps will be charged to your credit card within ten (10) business days from the date of receipt of this registration form.

VISA/MASTERCARD AUTHORIZATION: Please select card type: Visa MasterCard

Card Number

Exp. Date

CVS Number

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I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to charge my credit card the total cost per camp within ten (10) business days from the date of receipt of this registration form.

Card Holder Name (please print) _____ Card Holder Signature _____

Date _____ Billing Address Postal Code (required) _____

Email completed form to info@yourmax.ca or deliver in person to any MAX location. For inquiries, email info@yourmax.ca, call 733-7330 or visit www.yourmax.ca.



Terms & Conditions for 2017 MAX Summer Camps (please read carefully)

1. A completed registration form must be submitted in person or by email or fax to MAX Arts. Athletics. Wellness. (hereafter referred to as MAX). Because spaces are limited, submission of a registration form does not mean that a student will be granted a space in the requested program. Existing MAX customers and/or returning students may be given priority for registration, followed by a “first-come, first-served” policy for all other students.
2. If a camp is full, a person has the option of being put on a waiting list, but there is no guarantee that a space will become available. The person will be contacted only if a space becomes available.
3. Once registered, to officially withdraw, a parent/guardian must complete and submit a discontinuation form in person or by email and give a minimum notice of twenty-one (21) days. Discontinuation forms are available at our facilities. Verbal notification and/or non-attendance will NOT constitute discontinuation. If the minimum notice of 21 days IS provided, a refund will be issued for all fees paid less the non-refundable deposit per participant per camp. If the minimum notice of (21) days is NOT provided, the customer is not entitled to a refund of any monies paid and the customer will be immediately charged the remaining balance for all camps in which the participant was registered. If discontinuation occurs due to an injury or a medical condition, a discontinuation form must be submitted along with a physician's note and a refund will be issued for all fees paid for any future camps less the non-refundable deposit per participant per camp. T-shirt fees are non-refundable.
4. A late pick-up fee of \$10.00 (no HST) for every 15 minutes past 5:30pm will be charged using the payment method provided for camps.
5. Monthly account statements and invoices are not provided. Payment receipts and receipts for income tax purposes are available upon request.
6. A \$25.00 + HST = \$28.25 service fee will be charged on all declined pre-authorized bank debits and all cheques returned as Non-Sufficient Funds (NSF).
7. Regular attendance and punctuality is expected for all days in which the student is registered. There will be no refund for days missed by a student.
8. Students are not allowed to carry or administer their own medication while attending MAX. If the student requires a dosage of his/her prescribed medication during the program, a parents/guardian must have a physician complete a release form. Medication must be given directly to the Program Manager by a parent/guardian. All medication must be in the original packaging and clearly labeled with the student's name, medication name, date, dosage, doctor's name, and telephone number. Due to possible allergic reactions, students must be taking the medication for at least 24 hours before attending the program. Please note that MAX staff may not administer medication to any student unless trained by medical personnel at the expense of the parents/guardians.
9. Unless MAX is otherwise advised in writing by a parent/guardian, the parents/guardians permit the student to participate in all MAX Summer Camp activities, field trips or any other educational/leisure activities geared for the student away from the MAX facilities under the supervision of the MAX Camp staff. All students in attendance must participate in all scheduled activities and arrive at MAX with the proper attire required to participate in the activities scheduled for the day.
10. The parents/guardians give the staff permission to apply sunscreen and/or insect repellent to the student, but the parents/guardians must provide sunscreen (at least SPF 30) and insect repellent labeled with the student's name if they chose to have this applied to the student.
11. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing.
12. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
13. Students will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the student while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the student to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
14. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the student's enrollment.
15. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the student's person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
16. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of a parent/guardian except where required by law such as in emergency situations or by legal order. In the normal course of business and for the purpose of advertising, MAX may photograph or video participants as they partake in MAX activities. Such photographs or video may be used by MAX for publicity purposes without the student's name attached unless a parent/guardian otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.

Student Name _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____



Pre-Authorized Debit (PAD) Agreement for 2017 MAX Summer Camps Crescent Collegiate

PARTICIPANT NAME: _____

PAYER NAME: _____

PAYER INFORMATION (If different from Parent/Guardian):

Address _____ City/Town _____ Province _____

Postal Code _____ Phone # _____ Email Address _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the details described in this section and on the program registration form. A non-refundable deposit per participant per camp will be debited from your account within ten (10) business days from the date of receipt of this registration form. The remaining balance per student per camp will be debited from your account on the first day of each camp. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

Check one (1) of the following options:

- Please use my bank account identified on the void cheque attached below.
- I am an existing MAX customer and please use my bank account that I have on file at MAX.

Camp MAX:

| <u>Amount of Debit (including HST)</u> | <u>Frequency / Date</u> |
|--|---|
| \$23.00 per student (Camp MAX outing t-shirts) | Once / within ten (10) business days from the date of receipt of the registration form |
| \$50.00 per camp (non-refundable deposit) | Once / within ten (10) business days from the date of receipt of the registration form |
| \$90.00 per camp (for first registrant) | As camps start / on the first day of each camp |
| \$70.00 per camp (for additional registrant) | As camps start / on the first day of each camp |
| \$10.00 per late pick-up | As late pick-ups occur / within ten (10) business days from the date on which the late pick-up occurred |

Cheerleading and Dance Camp:

| <u>Amount of Debit (including HST)</u> | <u>Frequency / Date</u> |
|---|---|
| \$57.50 per camp (non-refundable deposit) | Once / within ten (10) business days from the date of receipt of the registration form |
| \$143.75 per camp (for first registrant) | As camps start / on the first day of each camp |
| \$120.75 per camp (for additional registrant) | As camps start / on the first day of each camp |
| \$10.00 per late pick-up | As late pick-ups occur / within ten (10) business days from the date on which the late pick-up occurred |

ACCEPTANCE: *By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for 2017 MAX Summer Camps and I hereby accept them as a condition of my participation in this Pre-Authorized Debit Agreement.*

| | |
|---|---|
| Signature of Account Holder: _____ Name (please print) _____ Date (mm/dd/yyyy) _____ | Signature of Joint Account Holder (if required): _____ Name (please print) _____ Date (mm/dd/yyyy) _____ |
|---|---|



Pre-Authorized Debit (PAD) Terms & Conditions for 2017 MAX Summer Camps

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX.
7. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the student withdraw from the program.
8. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
9. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX’s financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
10. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
11. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
12. I acknowledge that I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
13. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX’s Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.

PLEASE ATTACH A VOID CHEQUE HERE