



Camp MAX – Christmas 2017

CAMP INFORMATION:

- Camp will run from 8:30am to 5:30pm each day
- It is a Co-Ed camp open to all students grades K-6
- Cost is \$35/day, per participant

PARTICIPANT 1 INFORMATION:

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

School Grade _____ Gender: Female Male MCP # On File _____

Does the student require a booster seat? Yes No

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

PARTICIPANT 2 INFORMATION:

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

School Grade _____ Gender: Female Male MCP # On File _____

Does the student require a booster seat? Yes No

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

Please select the days the participant(s) will attend camp:

Participant 1	Location	Participant 2	Location
<input type="radio"/> Wednesday, December 27	Mount Pearl	<input type="radio"/> Wednesday, December 27	Mount Pearl
<input type="radio"/> Wednesday, December 27	New Cove	<input type="radio"/> Wednesday, December 27	New Cove
<input type="radio"/> Thursday, December 28	Mount Pearl	<input type="radio"/> Thursday, December 28	Mount Pearl
<input type="radio"/> Thursday, December 28	New Cove	<input type="radio"/> Thursday, December 28	New Cove
<input type="radio"/> Friday, December 29	Mount Pearl	<input type="radio"/> Friday, December 29	Mount Pearl
<input type="radio"/> Friday, December 29	New Cove	<input type="radio"/> Friday, December 29	New Cove
<input type="radio"/> Tuesday, January 2	Mount Pearl	<input type="radio"/> Tuesday, January 2	Mount Pearl
<input type="radio"/> Tuesday, January 2	New Cove	<input type="radio"/> Tuesday, January 2	New Cove
<input type="radio"/> Wednesday, January 3	Mount Pearl	<input type="radio"/> Wednesday, January 3	Mount Pearl
<input type="radio"/> Wednesday, January 3	New Cove	<input type="radio"/> Wednesday, January 3	New Cove
<input type="radio"/> Thursday, January 4	Mount Pearl	<input type="radio"/> Thursday, January 4	Mount Pearl
<input type="radio"/> Thursday, January 4	New Cove	<input type="radio"/> Thursday, January 4	New Cove
<input type="radio"/> Friday, January 5	Mount Pearl	<input type="radio"/> Friday, January 5	Mount Pearl
<input type="radio"/> Friday, January 5	New Cove	<input type="radio"/> Friday, January 5	New Cove

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.



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 _____
 Cell # _____ Work # _____ Home # _____
 Email _____ Address _____
 City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Student _____
 Cell # _____ Work # _____ Home # _____
 Email _____ Address _____
 City/Town _____ Province _____ Postal Code _____

PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ABOVE WHO ARE PERMITTED TO PICK THE STUDENT(S) 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 _____ Relationship to Student(s) _____
 2. Name _____ Relationship to Student(s) _____
 3. Name _____ Relationship to Student(s) _____

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

Name _____ Relationship to Student(s) _____
 Cell # _____ Work # _____ Home # _____

PAYMENT OPTIONS:

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

Cash or Direct Debit - Program fees must be paid in full when the registration form is submitted.

Visa or MasterCard - Please complete the Visa/MasterCard Authorization section below. Program fees will be charged to your credit card in full within ten (10) business days from the date of receipt of this registration form.

Card Number _____ **Exp. Date** _____ **CVS Number** _____

I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to charge my credit card for the program fees.

Card Holder Name (please print) _____ Card Holder Signature _____
 Date _____ Billing Address Postal Code (required) _____



Terms & Conditions for Camp MAX – Christmas 2017 (please read carefully)

1. A completed registration form must be submitted in person or by email to MAX Arts. Athletics. Wellness. (hereafter referred to as MAX). Because spaces are limited, submission of a registration form does not mean that a participant will be granted a space in the requested program. Existing MAX customers and/or returning participants may be given priority for registration, followed by a “first-come, first-served” policy for all other registrants.
2. If a camp day 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, the parent/guardian must complete and submit a Discontinuation Form in person or email. Discontinuation Forms are available on at our facilities. Verbal notification and/or non-attendance will NOT constitute discontinuation. If a Discontinuation Form is submitted prior to December 21, 2017, a refund will be issued for all fees paid less a \$25.00 + HST cancellation fee per student. If a Discontinuation Form is submitted after December 21, 2017, the customer is not entitled to a refund of any monies paid. 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 camp days less a \$25.00 + HST cancellation fee per student.
4. Unless MAX is otherwise advised in writing by a parent/guardian, the parents/guardians permit the student to participate in all Camp MAX activities, field trips, or any other educational/leisure activities geared for the student away from the MAX facilities under the supervision of the Camp MAX 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.
5. Monthly account statements and invoices are not provided. Payment receipts and receipts for income tax purposes are available upon request.
6. 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.
7. 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.
8. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
9. 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.
10. 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.
11. 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.
12. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our students to parties outside of MAX, without the authorized written consent of the student or the parent(s)/guardian(s) if the student is under the age of 18 (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 students as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the student's name attached unless the student or the parent(s)/guardian(s) if the student is under the age of 18 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.*

Participant Name(s) 1 _____ 2 _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____