

YOUNG APPRENTICE INFORMATION FORM:



We must receive your FORMS and FEE for your child to be considered as registered. A separate form should be filled out for each youth being registered. Please ensure you have COMPLETELY filled out the application below, AS WELL AS the waiver in order to secure your reservation.

The dates for the Young Apprentice Program are August 22 – 26, 2011

Youth Information:

Name: _____

Birth date: _____

Male__ Female__

Attended Pioneer Day Camp or Young Apprentice Programs in 20__

Address: _____

City: _____

Postal Code: _____

Home Telephone: _____

Parent or Guardian: _____

Daytime Tel: _____

Parent or Guardian: _____

Daytime Tel: _____

Person dropping off: _____

Person picking up: _____

Emergency Contact (non-parent): _____

Relationship: _____

Tel: _____

We are happy to answer any questions about this program. Please call 416-667-6295, select option 2. Monday to Friday: 8:30 a.m. to 5 p.m.

Medical Information:

Family Doctor: _____

Tel: _____

Ontario Health Card No: _____

Special Needs:

Activity Restrictions: _____

Medical Conditions: _____

Costume Measurements:

Girl's waist: _____

Girl's outseam (leg length, from waist to ankle): _____

Boy's waist: _____

Boy's outseam (leg length, from waist to ankle): _____

Boy's arm length: _____

Method of payment:

Amount paid: _____

_ Cash (in person only) _ VISA

_ Cheque made payable to _ M/C

Toronto and Region Conservation

Card #: _____

Expiry Date: _____

Signature: _____

CANCELLATION POLICY: Written notification of a cancellation must be received. Cancellations made at least four weeks before the start of the session will receive a refund of 75 per cent of the fees. Cancellations made within the four-week period will not receive a refund. There is no refund for days missed from the Young Apprentice Program.

How did you hear about the Black Creek Pioneer Village Young Apprentice Program? _____

Please fax Registration Form and Waiver to 416-667-6271 or mail to

Toronto and Region Conservation

Customer Service

Black Creek Pioneer Village

Young Apprentice Program

5 Shoreham Drive, Toronto, ON M3N 1S4

TORONTO AND REGION CONSERVATION

WAIVER OF CLAIMS and INDEMNITY

Black Creek Pioneer Village, Young Apprentice Program

August 2011

In consideration of the acceptance of my child's application and permission to participate in the Black Creek Pioneer Village Young Apprentice Program, known hereafter as BCPV Young Apprentice Program I for myself, my heirs, executors, administrators, successors and assigns **hereby release, waive and forever discharge** Toronto and Region Conservation and all their employees, agents, servants and contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my child's participation in the said BCPV Young Apprentice Program, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the BCPV Young Apprentice Program and notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid.

I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child's participation in the said BCPV Young Apprentice Program.

I acknowledge and have read, understood and agree to the above waiver, release and indemnity. I warrant that my child is physically fit to participate in the BCPV Young Apprentice Program, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the BCPV Young Apprentice Program, and that by not adhering to the rules and regulations, he/she may not only endanger himself/herself, but permission may or will be revoked and he/she will be asked to leave the premises.

IN WITNESS WHEREOF, this waiver and indemnity has been duly executed at _____ on this _____ day of _____, 2011.
(city) (day of month) (month)

The undersigned jointly and severally agree to this waiver and indemnity.

_____	_____	
Date	Print Name of Participant	
_____	_____	_____
Date	Print Name of Parent or Guardian	Signature of Parent or Guardian
_____	_____	_____
Date	Print Name of Witness	Signature of Witness