



# Sanatan Mandir Cultural Centre

9333 Woodbine Avenue, Markham • Ontario • Canada • L6C 1T5

📞 905-887-7777 • [www.smcc.ca](http://www.smcc.ca)

**Date of camp:** August 13<sup>th</sup> – 17<sup>th</sup>, 2018

**Time of camp:** 8:00 A.M – 5:00 P.M

**Location:** 9333 Woodbine Ave Markham, Ontario L6C 1T5

**Age of campers:** 4 – 12

**Trip Information:** Cineplex Movie Theatre Trip (Incredibles 2), Ripley's Aquarium, Swimming

Note: Trip information is subject to change based on availability.

**Cost:** \$125 (Payment methods are cash and cheque only. Please make cheques payable to Mansi Patel. All proceeds will be given to the mandir.)

(includes: breakfast, snacks, two camp T-shirts, lunch, supplies, trips, and activities)

**Deadline:** July 28, 2018

**Please attach a picture of the camper with the form**

**Camper's Information (please print neatly):**

Name \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth (Day/Month/Year) \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_

Contact's phone number \_\_\_\_\_

**MEDICAL INFORMATION:**

OHIP Number \_\_\_\_\_ Initials (if any) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Are you on medications: Yes No

Please give details \_\_\_\_\_

Allergies \_\_\_\_\_

Do you know of any physical or medical problems that may restrict you from camp activities?

Please give details \_\_\_\_\_

Circle T-shirt Size (Youth): Extra Small Small Medium Large Extra Large

**Sponsorship:**

I would like to sponsor an aspect of the camp: Y N

Area of interest: \_\_\_\_\_

Sponsor in the name of: \_\_\_\_\_

Amount: (Tax Receipt issued for donation \$10 or more): \$ \_\_\_\_\_

**PARENT/GUARDIAN'S DECLARATION:**

**My child has provided SMCC with all the information required.**

**In the event of an emergency where treatment is necessary in the best interest of my child, I hereby give permission to a SMCC representative to authorize physician(s) and hospital personnel(s) to provide whatever medical or surgical treatment may be necessary at that time and all medical expenses are my responsibility. I allow SMCC representatives to take photographs of my children(s). I understand and agree that SMCC will not be responsible for loss or damage to any personal items. I will not hold any individual working on behalf of SMCC responsible for any damage, or injury suffered by my child during the period of the summer camp.**

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions, please feel free to contact us. This form is due on **July 28, 2018**. No late forms will be accepted. Thank you for your interest in our annual summer camp!

Mansi Patel  
Sanatan Mandir Youth Committee President  
mansi2k@hotmail.com  
(647) 546 1014

Jill Shah  
Sanatan Mandir Youth Committee Vice-President  
jill\_shah@hotmail.com  
(647) 741 7033

Youth Email: sanatanmandir.youth@gmail.com

**For Parents and Guardians:**

**Name:** \_\_\_\_\_

**Adult Volunteer Information:**

I would like to help out as an adult volunteer during the camp: Y N

I am available from: (time) \_\_\_\_\_

I would like to volunteer on: Mon Tue Wed Thurs Fri

**Carpooling Information:**

I can provide car-pooling: Y N

I can provide car-pool from intersection: \_\_\_\_\_

Number of seats available: \_\_\_\_\_

I am interested in finding someone to carpool with: Y N

Intersection of residence: \_\_\_\_\_

**THIS FORM IS INCOMPLETE IF:**

All information is not given

Permission of Parent or Guardian is not given

Fees are not paid