

Consent & Waiver Agreement

The undersigned does hereby give permission for his/her child (the participant) _____ to attend and participate in MCAC programs.

The undersigned authorizes an adult, in whose care the minor has been entrusted, to consent of any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for the participant to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs.

The undersigned agrees to release MCAC, its trustees, directors, employees, church members, elders, staff and agents (MCAC thereafter), and the employees and volunteers of the CMA District from any loss, personal injury, accident, misfortune or damage of the participant and/or his/her personal property during the event. MCAC will exercise reasonable precautions to ensure the health and safety of the participant. In case of injury or loss, the participant has to be covered by his or her own insurance policy or applicable provincial health plan. MCAC is not responsible and liable for any claims or loss from the participant.

The undersigned hereby gives permission to MCAC to assign the participant to ride in any vehicle that is in reasonable safe condition while attending and participating in the event organized by MCAC.

The undersigned grants permission for taking pictures of his/her child and the reasonable use of pictures containing his/her child in any or all of the following ways: brochures/promotional material, church, website, newsletters and videotaping

The participant must agree to follow the MCAC rules, policies and guidelines. If the participant refuses to follow, he or she can be stopped to use the facilities in MCAC and can be terminated from the program. The undersigned also agrees to reimburse MCAC for any property damage caused by the participant during the event.

Signature of Parent or Guardian

Date

- ❖ How do you know of this program? _____
- ❖ Have your child attended MCAC Camp before? YES NO
- ❖ I want my non-Church friend to be with me in the same group.
My friend's name is: _____

Late Pick Up Fee :

\$10.00 per hour (minimum one hour) will be applied for each child to be picked up after 3:35 pm.

Notes:

- ❖ Registration by mail, in person is confirmed upon receipt of full payment.
- ❖ Payment by **cheque** only; and payable to "MCAC". \$45 fee will be charged for any NSF cheques. **NO CASH** accepted!
- ❖ Financial subsidy is available upon request. Please contact Pastor Faith for details.
- ❖ Request to be in specific group or to switch group is not guaranteed and is subject to the committee's final decision.
- ❖ Written notification is required for early pick up at church office.

Refund Policies:

Cancellation by June 9, 50% refund. After June 9, NO refund unless, and only when a medical certificate is provided. There is no adjustment in fees for partial attendance and no substitutions are permitted.

For Office Use Only

Paid by Cheque #	Bank:	Amount: \$
Received by:	Date: / / 2018	



MISSISSAUGA CHINESE ALLIANCE CHURCH

5710 Kennedy Road, Mississauga ON L4Z 1T1

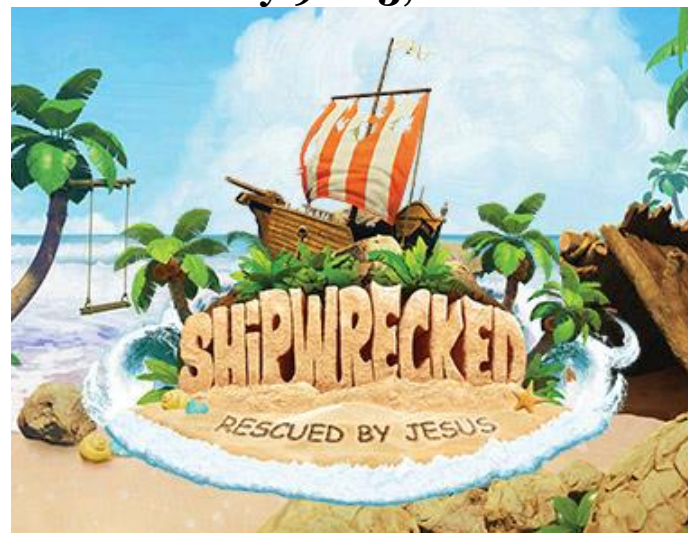
Tel: (905) 712-9202 Fax: (905) 712-3806

e-mail: mcackidzcamps@gmail.com

web-site: www.mcacon.org ([Download form here](#))

CHILDREN SUMMER CAMP

July 9 – 13, 2018



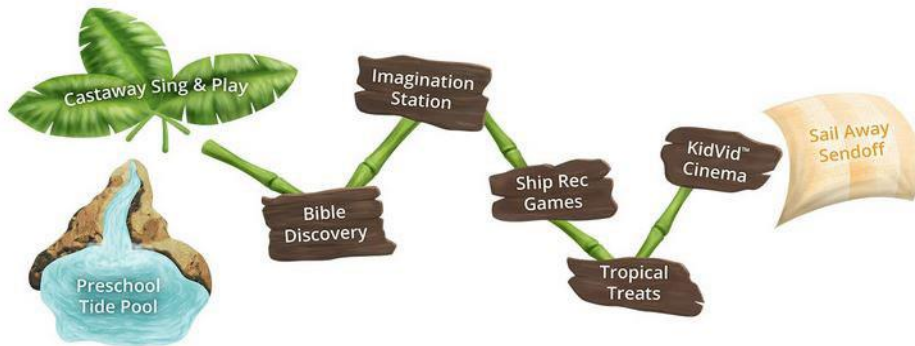
Early Bird Registration On / Before May 13		Regular Registration After May 13	
JK – Grade 6			
Full Day 9:00 a.m. - 3:30 p.m.*			
Per Child	Per Family*	Per Child	Per Family*
\$80.00	\$150.00	\$90.00	\$170.00
After Hour Program (per week) (3:30 – 6:00 p.m.)			
\$40.00 per child		\$70.00 per family*	

- ❖ Closing ceremony will be held on Sunday, July 15, 2018 from 10:00 am to 12:00 pm (refreshment to follow)
- ❖ **NEW! Children MUST bring their own lunches and snacks. All food brought to camp must be NUT FREE.**
- ❖ **NEW! Referral Discount** - \$5 discount for both attendee who refers and the first time attendee.
- ❖ Limited spaces, please register early to avoid disappointment.

*Family rate applies to a maximum of 3 children under the same legal guardian(s).

CHILDREN SUMMER CAMP

July 9 - 13 , 2018



Children Summer Camp – full day

- ◆ For children attending JK to Grade 6 by Sept 2018. (Child **MUST** be 4 years old by July 9, 2018)
- ◆ **NEW!** Children **MUST** bring their own lunches and snacks, all food brought to camp must be **NUT FREE**.
- ◆ Door opens at 8:00 a.m. for dropping off kids
- ◆ Due to limited spaces, admission will be on a first come, first served basis. Fee includes a music CD, craft and camp material
- ◆ **NEW!** Referral Discount- \$5 discount for both attendee who refers and the first time attendee.

Parent's Record		
Student Name: _____		
Paid by Cheque #	Bank:	Amount: \$
Received by:	Date: / / 2018	

CHILDREN SUMMER CAMP 2018

REGISTRATION FORM (ONE CHILD PER FORM)

First Name: _____ Last Name: _____	
Birthday: __ (dd) __ (mm) __ (yyyy) Gender: _____	
Grade Entering in Sept 2018 (Please check ONE box): <input type="checkbox"/> JK (must be 4 yrs. old by July 9) <input type="checkbox"/> SK <input type="checkbox"/> Grade: _____	
Address: _____	
City: _____ Postal Code: _____	
Food Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: please specified: _____	
Medical Concern/Allergies/Special Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes: explain _____	
(attach extra sheet if needed)	
Language at home: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Other _____	
Do you attend church regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes (if any) _____	

	Parent/Guardian #1	Parent/Guardian #2
Name		
Cell phone/home		
Work phone		
Email		

Emergency Contact: _____ Phone: _____

Emergency Contact Relationship: _____

<u>Fee calculation</u>	
1. Number of attendee in one family (family rate apply to max. 3)	cost _____
2. After hour \$40/student & \$70/family of 3	_____
Total (Cheque to MCAC, NO CASH accepted) _____	
NEW! Referral discount \$5 to both attendee who refers and the first time attendee. Kindly inform us on the first day of camp and discount refund will be issued.	