

CAMP CURIOSITY...try everything!



For kids 6-14!

Location:
Sprucecourt JPS, 70 Spruce St.
Toronto ON
MSA 2J1

Information: (416) 488-5506

YOU ARE INVITED TO JOIN US AT CAMP CURIOSITY, the **summer day camp** devoted to instilling a **love of learning** in youngsters. Campers participate in numerous stimulating and **exciting activities** including **chess, golf, music, arts & crafts, science experiments, martial arts, dance, sports and more!** Our fun hands approach to learning gives kids a jump start for the coming school year.

CAMP CURIOSITY is divided into **1 week sessions** from **July 9 – August 17, 2007**. Extended care will be provided (for only \$5 week) from 8:00 am – 9:00 am and 4:00 pm – 5:00 pm.

Space is limited. Register today!

Registration and Payment Methods

On-site: Will take place on **Thursday July 5, 2007** from 5:00 – 7:00 pm and **Friday July 6, 2007** from 12:00 – 2:00 pm at the above location.

The registration fee of **\$50.00** (for each 1 week session) **cash** or **cheque** made payable to: Chess'n Math Association will be collected at this time **along with the completed registration form (see back).**

By Fax: Registration forms (see back) can be faxed to: **(416) 486-4637**. For this method, your registration fee (see above) will be collected on-site on the first day of camp. Please ensure you are paying with exact change.



Brought to you by:
**The Chess'n Math Association
and The Chess Institute of Canada**

Camp Curiosity 2007
Brought to you by the Chess'n Math Association
 Please print and use a separate form for each camper

Camp Office:
1650 Bayview Avenue
Toronto, Ontario M4G 3C2

Participant's Info

Child's Last Name: _____ First Name: _____
 Birth Date (d/m/y): ____ / ____ / ____ Gender: M F School: _____
Medical Information: Please list any medical concerns, allergies or conditions that our staff should be aware of. Include pre-existing conditions and physical or emotional concerns.

 Does your child carry an epi-pen? Yes No If yes, where? _____
Health Card # : _____
 Doctor's Name: _____ Doctor's Phone: _____

Family Information

Parent/ Guardian #1 Last Name: _____ First Name: _____ **Permission to pick up child:** Yes No
 Home Address: _____
 City: _____ Postal Code: _____ Is this the child's permanent address? Yes No
 Home Phone #: _____ Business Phone #: _____
 Cell #: _____ Email: _____

Parent/ Guardian # 2 Last Name: _____ First Name: _____ **Permission to pick up child:** Yes No
 Home Address: _____
 City: _____ Postal Code: _____ Is this the child's permanent address? Yes No
 Home Phone #: _____ Business Phone #: _____
 Cell #: _____ Email: _____

Emergency Contacts

Emergency Contact Name: _____ **Permission to pick up child:** Yes No
 Day Phone #: _____ Cell#: _____ Relationship to child: _____
Please list ALL THE NAMES of the individuals who have permission to pick your child up from Camp Curiosity.
Please remember that your child will only be released to the people listed here or above and that a photo ID is required at the time of pick-up.

Camp fees and Extended Care

Please complete the form:

Session	Camp Name	Camp fee	*Extended Care Fee	Total
Week 1 July 10-13		\$	\$	\$
Week 2 July 16- 20		\$	\$	\$
Week 3 July 23- 27		\$	\$	\$
Week 4 July 30- August 3		\$	\$	\$
Week 5 August 6- 10		\$	\$	\$
Week 6 August 13-17		\$	\$	\$
* Please indicate whether your child will stay for extender care hours. Amount charged for extended care hours is \$ 5 a week for A.M. and P.M.			TOTAL	\$

Please be advised that your child(ren) may be photographed or videotaped by the media at any time during camp for the purpose of Chess n' Math Association publishing/advertising. Please call us if you have any concerns (416) 488-5506.

I/We agree that Chess n' Math Association, its directors, employees, agents, and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Chess n' Math Association's Camp activities UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of Chess n' Math Association or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

Signature of Parent/Guardian _____

The Chess n' Math Association respects your privacy. We herby adhere to all legislative requirements with respect to protecting your privacy.

We do not rent, sell, or trade our mailing lists. The information you provide will be used to deliver services and keep you informed and up to date about Chess n' Math Association's activities. If you do not wish to receive this information simply call (416) 488-5506 and we will accommodate your request.