Carrie Whalen's 27th Annual Y.A.K. Camp 2024 Summer Camp Registration Form

Young Artists of Kingston, 716 King St. West, K7M 2G2, 613 893 5774, yakcamps@mac.com

Please print and fill out one a	application form per	camper:	
Child's Name:	Goes By:	Sex:Age:	Birth Date:
Is this the first time your ch Health Card #:	•	A.K. Camp?	
Allergies, Medical Conditions, or	behavior problems (We mu	st be notified if your c	hild has Autism, ADD etc.)
Parent A:		Occupation:	
Home Phone: #:Ext:	, Work		
#:Ext:Ext:	Cell:	We do camp confirmation	ons via e-mail so it is
important that you provide an e-mail			
E-Mail:			· · · · · · · · · · · · · · · · · · ·
Parent B:		Occupation:	
Home Phone:	, Work #:	Ext:	Cell:
E-Mail:			
List the names of the			
Camp:		Date:	Price:
Camp:		Date:	Price:
Camp:		Date:	Price:
Extended hours			
8-9a.m. @ \$8 per hour= \$_		List which days	
4-5p.m. @ \$8 per hour= \$_		List which days	

Photos

We typically take photographs of the children creating art and having fun around camp. If you do not want photos of your child used in our advertising you must attach a letter stating so with a current photo of your child so that we will be able to recognize him/her when we are putting together our ads.

Registration

1st camp fee: \$	_ + Extended hours: \$	_ =Total \$
2nd camp fee:\$	_ + Extended hours: \$	_ =Total \$
3rd camp fee:\$	+ Extended hours: \$	_ =Total \$
Sub-Total: \$	_ Tax (13% HST): \$	_Total Price: \$

All cheques must be made payable to Carrie Whalen.

After May 1st all payment must be made in person with cash.

Camper Release Form (This form must be signed to complete registration)

I, _______as the parent/guardian of _______permit my child to participate in Carrie Whalen's Y.A.K. Camps activities under the supervision of the camp instructors, and hereby release Carrie Whalen & Y.A.K Camp, its directors, instructors, volunteers and/or affiliates from any claim or action of any kind for damages, loss or injury, excepting those caused by neglect, which may occur as a result of my child's participation. I agree that Carrie Whalen or camp staff may seek immediate medical attention for any injury which my child may incur during the course of the camp session(s).

I have also read the Y.A.K. Camp registration information. I agree with all policies and have addressed the director with any concerns I have. I have also gone over all relevant information with my camper.

Signature of Parent or Guardian