



Thrive Teen Summer Day Camp 2017 - Registration Form



To be completed by all participants

First Name:

Last Name:

Themes/Dates	Full Days 9am-4pm	Half Days AM 9am-12pm	Half Days PM 1pm-4pm
Hollywood Week July 3, 4, 5, 6, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralympic Games Week July 10, 11, 12, 13, 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Arts Week July 17, 18, 19, 20, 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Adventure Week July 24, 25, 26, 27, 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las Vegas Week July 31 August 1, 2, 3, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Around the World August 8, 9, 10, 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World of Science August 14, 15, 16, 17, 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre Week August 21, 22, 23, 24, 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olympic Games Week August 28, 29, 30, 31 September 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In an effort to respect the independence of all participants and ensure everyone's safety, please check all boxes that apply:

<input type="checkbox"/>	I am aware that the Thrive Teen Summer Day Camp may have outdoor activities on Abilities Centre property or nearby in the community. These activities will be supervised by Abilities Centre staff. I will wear/bring sunscreen/hat, etc. for daily outdoor activities.
<input type="checkbox"/>	Participant may leave Abilities Centre <u>unsupervised</u> during the lunch hour (12:00pm-1:00pm).
<input type="checkbox"/>	Participant may leave Abilities Centre independently at the end of scheduled programming.
<input type="checkbox"/>	Participant may wait independently at the end of scheduled programming for transportation.
<input type="checkbox"/>	Participant will be using Durham Region Transit Specialized Services. Pick-up time will be: _____

Participant Signature

Legal Guardian Signature
(If applicable)

Date