

Dear Parents/Guardians,

- Cost is \$115.00 per child per week. \$95.00 for shortened weeks (June 29<sup>th</sup> to July 3<sup>rd</sup> and August 3<sup>rd</sup> to August 7<sup>th</sup>) Additional discount available for families registering more than one child.
- Early drop off is 8:00am and late pick up is 5:00pm.
- **Payment must be paid in full at the time of registration.** Payment can be in the form of cash, credit, debit, or EMT.
- Subsidy is available. You can apply through Rylan or Tyler with our subsidy application form and an Option C or Notice of Assessment form for all adults who support the registered child.
- Camp fills up quickly and we accept registration on a first come first serve basis. We do have a waitlist if you are unsuccessful in registering for your chosen weeks. While there is no guarantee, we can see cancellations throughout the summer and may be able to offer spots to families on our waitlist.
- Our cancellation policy states that we will issue a full refund if you provide a cancellation notice with a minimum of two weeks (14-day) notice. If you provide any less notice, **we unfortunately will not be able to issue a refund of any kind.**
- If your child will be taking medication during the hours of 8:30-4:30 throughout the summer, we require parents/guardians to fill out a Medical Authorization Form.
- If your child is sick, we ask that you keep them home. Any child who appears ill while at our program will be sent home.
- Parents/Guardians are responsible for sending campers with appropriate attire daily. This includes:
  - Healthy **COLD** lunch and snacks (we do not have access to a microwave).
  - Proper footwear and clothing. **Many of our activities are outside, regardless of weather.** Please reference the weather forecast daily and pack accordingly.
  - Swimsuit and towel.
  - Extra change of clothing.
  - Reusable water bottle.
  - Sunscreen. Club **DOES NOT** provide sunscreen, which is **MANDATORY** for participating in activities outside.
  - Campers may not be permitted to participate in activities if they are not properly prepared.
  - Please label everything!
  - We are electronic free. Any personal electronic devices must be left at home or in camp bag.
  - We encourage healthy eating as much as possible, please keep this in mind when packing lunches/snacks.

**Necessary items for registration:**

- |  |   |
|--|---|
| <input type="checkbox"/> Summer Day Camp Registration Form             | <input type="checkbox"/> Medical Authorization Form (If Applicable)         |
| <input type="checkbox"/> Subsidy Application and Notice of Assessments | <input type="checkbox"/> Payment in Full                                    |
| <input type="checkbox"/> Summer Day Camp Swim Form                     | <input type="checkbox"/> Welcome Letter (Emailed to you After Registration) |

If you have any questions or concerns, please do not hesitate to contact our Program Managers:

Mundy Pond Tyler Powell 579-0181 ext. 301 <a href="mailto:tpowell@bgcstjohns.ca">tpowell@bgcstjohns.ca</a>	Buckmaster's Circle Rylan Swain 579-0181 ext. 208 <a href="mailto:Rswain@bgcstjohns.ca">Rswain@bgcstjohns.ca</a>
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Buckmaster's Circle Location

Mundy Pond Location

**Registration is only complete when all forms are completed and returned to program manager with payment in full.**

Please check the weeks you would like to register:

Week 1: June 29 to July 3  
*\*4-day week, closed July 1<sup>st</sup> for Canada Day*

Week 6: August 3 to 7  
*\*4-day week, closed August 5<sup>th</sup> for Regatta Day Holiday*

Week 2: July 6 to 10

Week 7: August 10 to 14

Week 3: July 13 to 17

Week 8: August 17 to 21

Week 4: July 20 to 24

Week 9: August 24 to 28

Week 5: July 27 to 31

Week 10: August 31 to September 3

Child's Name: \_\_\_\_\_

**Child group:**

**Intermediate (Born 2013-2016)**

**Junior (Born 2017-2020)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Swimming Information:**

Name of Child: _____	Age of Child: _____	
Has your child completed swimming lessons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the last level completed? _____		
Does your Child <b>require</b> a floatation device (life jacket) to swim? (If yes skip next 2 sections)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can your child swim in the shallow end (4ft) <b>without</b> a flotation device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can your child swim in the deep end (8ft) <b>without</b> a flotation device	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional notes about your child in water:  _____  _____  _____		
Parent/Guardian Signature _____	Date _____	

Member information:

**Member's First Name:**

**Member's Middle Name:**

**Member's Last Name:**

**Member's Birth Date**

(Day/Month/Year):

**Member's Age:**

**Gender:**  Male

Female

Non-binary

**School Attending:**

**Grade September 2026:**

Other: \_\_\_\_\_

**Home Address:**

**Town/City:**

**Postal Code:**

**BIPOC (Black, indigenous, person of colour):**

Yes  No

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**Medical Information:**

**MCP:**

**List all medical/behavioral needs (asthma, allergies, ADHD, etc.):**

**Medications your child is currently taking and administrating directions:**

**Required to take medication while at Club**

Yes  No

**\*If yes must fill out medical authorization form upon registration**

**Parent/Guardian Information:**

**Parent/Guardian Name:**

**Relationship with member**

**Single:**

Yes  
 No

**Home Address:**

**Town/City:**

**Postal Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Parent/Guardian Name:**

**Relationship with member**

**Single:**

Yes  
 No

**Home Address:**

**Town/City:**

**Postal Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Emergency Contact & Authorized Pick-up Information:**

<b>Emergency Contact Name:</b> <input type="text"/>	<b>Relationship with member:</b> <input type="text"/>	<b>Can pick up my child from club:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b> <input type="text"/>	<b>Work Phone:</b> <input type="text"/>	<b>Cell Phone:</b> <input type="text"/>

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<b>Emergency Contact Name:</b> <input type="text"/>	<b>Relationship with member:</b> <input type="text"/>	<b>Can pick up my child from club:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b> <input type="text"/>	<b>Work Phone:</b> <input type="text"/>	<b>Cell Phone:</b> <input type="text"/>

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<b>Home Phone:</b> <input type="text"/>	<b>Work Phone:</b> <input type="text"/>	<b>Cell Phone:</b> <input type="text"/>

**Walk Consent:**

I wish to allow my child to depart from BGC St. John's programs **without** being accompanied by a parent/guardian at the end of camp.

I fully accept all responsibility for my child's safety once programming has finished. I agree to indemnify and hold harmless BGC St. John's from any loss, injury, claim, damage, accident, or cost, which may result from my child's departure

Yes  No

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**Media Consent:**

I give consent to have videos/photos/film/audio of my child recorded and used in promotional materials (ex. Newspapers, Facebook, program brochures, promotional video, etc.) of BGC Canada and its member clubs, and/or external partners.

I accept  I decline

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**Rules of Conduct:**

1. **No fighting, bullying, stealing, vandalism, etc. of any kind.**
  2. **No foul language and/or rude behaviour.**
  3. **We encourage healthy eating. Please keep this in mind when packing lunches/snacks.**
  4. **All personal electronic devices are to be kept in camp bags or left at home.**
  5. **BGC St. John's is not responsible for lost or stolen items. Please do not bring valuables to Club.**
  6. **Smoking is not permitted in or around the Club.**
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**Waiver:**

I give permission for my child to attend and take part in all activities and outings associated with BGC St. John's programs. I further understand that if my child does not adhere to the rules and regulations, the Club has the right to revoke this membership.

I, the undersigned, do hereby waive all claims against BGC St. John's and its representatives for any accident or injury that may occur to the child named and their property, provided proper supervision has been given.

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Parent/Guardian Signature

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Date