

Grace Community Services Summer Day Camp 2022

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ransfer Transfer (email: SummerCamp@gcsny.c Day Camp") with current date only for payment camp space. All Fees are non – refundable. Iment requested if the space is available. GCS of the camp program is over or under subscribe ed in the notice area. Any NSF checks will subje all amount. Summer Camp receipts will be mail of
Date:
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Release, Indemnity Agreement and Declaration

Parent / Guardian's Signature:	Date:
	tement made are correct and acknowledge and agree to all terms and r warrant that the applicant is physically capable of participating in the ation.
Parent / Guardian's Signature:	Date:
	Authorization
understand that these images and video w	Day Camp to take pictures or video of my child during the camp. I vill be the property of the GCS – Summer Day Camp and they may use camp in the future. These images and video will also be posted on
Parent / Guardian's Signature:	Date:
N. 1. 1 T. C	
Medical Information:	ation – This section must be completed Emergency Contact (other than parent):
Name:	Name:
Phone #:	Phone #:
Address:	Relationship:
Is there any allergy, medical or special	needs information that you would like us to know? If Yes, SNO nunity Services – Summer Day Camp is a Nut Free Zone.)

Address: 201 Tempo Ave., North York, ON. M2H 2R9 Tel: 416-520-6188,

E-mail: summercamp@gcsny.ca