Victoria Park Summer Program Registration Form

201__

Print Form

Reset Form

☐ Kids Program (ages 5 - 12) ☐ Councilor in Training Program (ages13-15)

Program run times: Kids program
Please inquiry at registration as to start and finish dates
Times: 9 am to 4 pm (supervised lunch is available)

Payment Method:

☐ $ 200.00
☐ $ 350.00
☐ $ 450.00
☐ Other amt _____

☐ Cheque
☐ Cash
☐ Money Order

Fees: **First Child-$200.00, Second child-$150.00, additional children $100 per child**

FOVP Rep. Initial_____

Participants Name: _____ Phone #: _____

Birth Date: _____ Age: _____ ☐ Male ☐ Female MCP #: _____

Address: _____ Postal Code: _____

Emergency Contact: _____ Phone #: _____ Email _____

Can your Child Swim? ☐ Yes ☐ No Comments: _____

Medical Information: (Allergies; asthma; disabilities; behaviour issues; medications; fears; etc

The FOVP Summer Program often requires permission for certain activities please review the following list and indicate your preference:

1. For _____ to participate in off site field trips (including swimming) (GEO Centre, Science Centre, Salmoniar Nature Park etc) These trips require the use of both private and public buses. ☐ Yes ☐ No

2. For _____ to participate in water activities and swimming at Bowring and Bannerman Park ☐ Yes ☐ No

3. For _____ picture / image via digital or video to be used for public relations purposes only? (i.e. local paper, association website , brochures etc..) ☐ Yes ☐ No

If no, please comment:

Other comments or issues we should be aware of:

Parent / Guardian Signature: _____ Date: _____

Please Note: ***The FOVP is a volunteer run Non Profit Organization that works to ensure that your children are provided with the best experience we can offer. We ask that if you can make a donation to support the continuation of this program in addition to your registration fee we would greatly appreciate it and it will go directly towards the operation of the FOVP Summer Program. Fees provided are eligible under the Children Fitness Tax Credit and receipts are provided . "Your support is what keeps this program operating."***

Office Use Only Date Received: _____ Authorized Signature: _____

Notes: _____

Please be advised that all we strive for a healthy and active program.
Our policy on any food restrictions will be posted once all registration forms have been processed.