



Aquatic Summer Camp 2017

This will be our first year offering a Aquatic Summer Camp at the school! We are offering 2 age groups in the camp, one age group will be 5yr - 8yr and the other one being 9yr - 12yr. We also included swimming lessons during the day and a fun swim in the afternoon. We will have a camp counselor to swimmer ratio of 1:5 for the younger age group and 1:8 for the older age group. Children will get a chance to learn to swim as well as being exposed to **new sports, crafts** and **first aid** (for the older age group) while having fun at camp. Campers will be at the school for the whole day doing different activities as the day goes by. During the fun swim, campers are required to wear a **lifejacket** and only able to stay in the shallow end at all times unless they are able to pass the swim test. The swim test is being able to swim 1 length of the pool which is 15m. Wristbands will be given out to the campers to indicate that they have passed the swim test. There will be camp counselors with the ratios mentioned above in the water as well as a lifeguard on deck to reinforce rules. Both age groups of campers **WILL NOT** be in the water at the same time to ensure sufficient pool space for their activities.

Time	Daily Schedule
7:30am - 9:00am	<i>Drop off (Extended care)</i>
9:00am - 10:15am	<i>Swim Lesson (Divided into 2 groups, 45min for 9yr-12yr old, 30min for 5yr-8yr old. The group that is done earlier will return to the classroom)</i>
10:15am - 10:30am	<i>Shower and change</i>
10:30am - 10:45am	<i>Snack</i>
10:45am - 12:00pm	<i>Learning Activity (First Aid, Crafts)</i>
12:00pm - 1:00pm	<i>Lunch (not provided)</i>
1:00pm - 1:30pm	<i>Free Time (Games, Puzzles)</i>
1:30pm - 3:00pm	<i>Fun Swim (45min each group)</i>
3:00pm - 3:15pm	<i>Shower and change</i>
3:15pm - 3:30pm	<i>Snack</i>
3:30pm - 4:15pm	<i>Sports (switch every 2 weeks)</i>
4:15pm - 6:00pm	<i>Pick up (Extended care)</i>

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Please indicate with a checkmark the Summer Camp week(s) that your child will be attending. We request parents to remain committed to the week(s) you have chosen as we will be scheduling staff according to the number of students registered for each week. Payments for requested weeks are mandatory and must be submitted with the form. Please note, receipt of forms and cheques are a confirmation and no refunds nor changes will be accepted.

PLEASE NOTE:

All cheques need to be posted-dated and dated July 1st for weeks 1 to 4 and August 1st for weeks 5 to 8. Weeks 1 to 4 can be issued in one cheque as well as Weeks 5 to 8. All fees are inclusive of before and after-school fees. Summer Camp hours run from **7:30am** until **6:00pm**. Registration form and cheques to be submitted before **May 18th, 2017**. Space is limited.

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|--------------------------|--------|-------------------------------|-------|
| <input type="checkbox"/> | Week 1 | July 4 – July 7 (4 days) | \$212 |
| <input type="checkbox"/> | Week 2 | July 10 – July 14 | \$265 |
| <input type="checkbox"/> | Week 3 | July 17 – July 21 | \$265 |
| <input type="checkbox"/> | Week 4 | July 24 – July 28 | \$265 |
| <input type="checkbox"/> | Week 5 | July 31 – August 4 | \$265 |
| <input type="checkbox"/> | Week 6 | August 8 – August 11 (4 days) | \$212 |
| <input type="checkbox"/> | Week 7 | August 14 – August 18 | \$265 |
| <input type="checkbox"/> | Week 8 | August 21 – August 25 | \$265 |

CAMPER'S INFORMATION

Surname: _____ First Name: _____ DOB: _____

Medical Condition: _____

Food Restrictions: _____

Special Diet: _____

Medication Provided: _____

PARENT OR GUARDIAN'S INFORMATION

Surname: _____ First Name: _____

Address: _____ Phone: _____

_____ Cell: _____

_____ Work: _____

EMERGENCY CONTACTS & PICK UP

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

In the event I can't be reached, I give my permission for my child to receive treatment: Yes No

Signature of Parent or Guardian: _____ Date: _____, 2017

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Liability Waiver / Informed Consent Form

I, _____, have enrolled myself/my child(ren) in an Aquatic program offered through Northstar Montessori/Northstar Aquatics.

I recognize that aquatics programs involve vigorous physical exercise involving all major muscle groups, as well as cardiovascular exercise. I accordingly recognize that all aquatic and exercise programs entail a certain amount of risk. I hereby affirm that I/my child(ren) am/is/are in good physical condition and do not suffer from any known disability or condition which would prevent or limit my/their participation in this program.

I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by Northstar Montessori/Northstar Aquatics.

In consideration of my participation in this program, I, _____, hereby release Northstar Montessori/Northstar Aquatics and any/all of its agents, from any claims, demands, and causes of action as a result of my/my child(ren)'s voluntary participation and enrollment.

I fully understand that I/my child(ren) may injure myself/themselves as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Northstar Montessori/Northstar Aquatics and its agents from any liability now or in the future for conditions that I/they may obtain.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Name of Participant 1: _____ (Please Print)

Name of Participant 2: _____ (Please Print)

Name of Guardian: _____ (Please Print)

Participant / Guardian Signature: _____ (18 years of age or older to sign)

Guardian's Signature: _____ (children less than 18 years old))

Witnessed by: _____ Date: _____