



cabbagetown youth centre

Cabbagetown Youth Centre Inc.

2 Lancaster Avenue, Toronto, ON M4X 1C1 Tel: 416-960-1032 Fax: 416-960-0113
www.cabbagetownyouth.ca

650 Parliament Street
Toronto ON M4X 1R3

280 Wellesley Street East
Toronto ON M4X 1G7

240 Wellesley Street East
Toronto ON M4X 1G5

PROGRAM REGISTRATION FORM

A. PROGRAMS			
After-School Culinary Club Monday 3:30 PM – 6:00 PM GRADES: <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 - 6	March Break Camp March 11 – 15, 2019 Fun Camp <input type="checkbox"/>	Youth Workshops CYC Dates To Be Announced AGES: 12 - 18 <input type="checkbox"/>	BOXING Junior <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/>
After-School Art Club Tuesday 3:30 PM – 6:00 PM GRADES: <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 - 6	March Break Camp March 11 – 15, 2019 Soccer Camp <input type="checkbox"/>	Basketball Club Training - Winchester P.S. Mon & Wed: 6:30 – 8:30 pm GRADES: 5 – 6 <input type="checkbox"/> 7 – 8 <input type="checkbox"/> House League - Winchester P.S. Sat : 10 am – 2 pm GRADES: 5 – 6 <input type="checkbox"/> 7 – 8 <input type="checkbox"/>	THAI CHI CYC 9:00 am – 10:00 am AGES: Adult <input type="checkbox"/>
After-School Sports & Boxing Club Wednesday 3:30 PM – 6:00 PM GRADES: <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 - 6	March Break Camp March 11 – 15, 2019 Basketball Camp <input type="checkbox"/>	Soccer Club Training - Rose Avenue P.S. Mon & Wed 6:30 – 8:30 pm AGES: 8 – 12 <input type="checkbox"/> 13 – 16 <input type="checkbox"/> House League - Rose Avenue P.S. Sat 10 – 2 pm AGES: 8 – 10 <input type="checkbox"/> 11 – 13 <input type="checkbox"/> 14 – 16 <input type="checkbox"/>	AEROBICS CYC Sun 11 – 12 noon, Wed 9:15 – 10:15 am AGES: Adult <input type="checkbox"/>
After-School Performing Arts Club Thursday 3:30 pm – 6:00 pm GRADES: <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 - 6	March Break Camp March 11 – 15, 2019 Performing Arts Camp <input type="checkbox"/>	VOLLEYBALL –CYC Mon & Wed 6:30 – 9:30 pm AGES: Youth & Adult <input type="checkbox"/>	MARTIAL ARTS 280 Parliament Street Karate AGES: Youth 6 – 11 <input type="checkbox"/> Adult 12 & up <input type="checkbox"/> Iado Aiki Ju Jit Su
After-School Science & Boxing Club Friday 3:30 pm – 6:00 pm GRADES: <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 - 6			

B. PERSONAL INFORMATION	
Today's Date: _____	Birth Date: _____
Day / Month / Year	Male / Female Day / Month / Year
Child's Last Name: _____ Child's First Name: _____	
Address: _____ Apt. #: _____	
City: _____ Province: _____ Postal Code: _____	
Home Phone: _____	
<u>Parent/Guardian 1</u>	
Name (please print): _____	Work/Day Phone: _____
Cell Phone: _____	Email: _____
<u>Parent/Guardian 2</u>	
Name (please print): _____	Work/Day Phone: _____
Cell Phone: _____	Email: _____

Please complete front & back

C.

Emergency Contact: _____ Work / Day Phone _____

Is this child allowed to go home alone? (only children 10 years old and up) Yes No

Who is authorized to pick-up your child?

Name Relationship Work / Day Phone

School : _____ Current Grade: _____

Do you have any allergies, food restrictions or medical concerns, which may affect your participation in CYC program?

Yes No If you have checked yes, please explain in the space provided below.

Doctor's Name: _____ Phone #: _____

B. PLEASE GIVE – YOUR SUPPORT IS IMPORTANT “OPTIONAL”

CYC Programs are offered free of charge. The CYC counts on donations to provide this service. Your donation is most welcome!

Donation Received \$ _____ Date: _____ Cash Cheque # _____

Or donate online at cabbagetownyouth.ca/donation/asp

Tax Receipt Requested (for donations over \$20) Yes No

D. VOLUNTEER

Join the CYC team and get involved with your community! Lend us your expertise or just lend a hand - we are confident that you will find this a rewarding experience. If you are in high school, this is an ideal opportunity for you to fulfill the community volunteer service requirement for your high school diploma.

If yes please check one of the boxes below.

Reading Mentor Fundraising Special Events Basketball Coach/Referee Soccer Coach/Referee

How may we contact you

Tel: _____ Email: _____

E.

Cabbagetown Youth Centre Release of Liability and Assumption of Risk

In consideration of my participation in this _____ program, I hereby waive, release and discharge any and all claims for damages I may have, or which may hereafter accrue to me, as a result of my participation in this activity.

This release is intended to discharge in advance the instructors, promoters, sponsors, organizers, project managers, of this activity and any involved public school entity (and their respective agents and employees) including but not limited to the Cabbagetown Youth Centre, their employees, agents and directors, from and against any and all liability, which may arise out of negligence or carelessness on the parts of the persons or entities mentioned above.

Print Name of Participant or Parent/Guardian if Participant is under 18 yrs. Signature Date

I understand that this _____ Program may be photographed videotaped, and the Cabbagetown Youth Centre does have my permission to use the photographs, videotapes, and/or audiotapes for the purpose of promoting the work and mission of our organization.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability regarding the parties listed above and assumption of risk by me.

Print Name of Participant or Parent/Guardian if Participant is under 18 yrs. Signature Date