



Please fill out and mail application to:

**Guerilla12**  
c/o Alexandra Hazisavvas  
112-363 Sorauren Avenue,  
Toronto, ON  
M6R 3C1

**YOUTH SUMMER WORKSHOPS • 8-13yr old boys & girls**  
START DATE: JUNE 29 - SEPTEMBER 4

**APPLICATION**

**Participant details:**

Child's name: \_\_\_\_\_

Sex: Male / Female (circle)

Address of Child: \_\_\_\_\_

\_\_\_\_\_

Suburb: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_ Age on Camp: \_\_\_\_\_

What is the main Language spoken at home? \_\_\_\_\_

**Parent/Guardian Details:**

Parent/Guardian's name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_

Please include two other emergency numbers

Name: \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_

**Guerilla12 youth summer workshops** are designed to provide an opportunity for children to spend quality time with other children, in a relaxed atmosphere with the support of the guerilla12 volunteer team. If you have any questions please contact the Arts facilitator Alexandra Hazisavvas or visit our website [www.myguerilla12.com](http://www.myguerilla12.com).

## GUERRILLA12 YOUTH CAMPS PARTICIPANT MEDICAL, PRIVACY & PERMISSION FORM

This report is compiled to assist Guerilla12 staff in the eventuality of any illness or accident with your child on camp. Your child's group leader on camp holds this information. Please be as specific as possible in your responses.

1. Child's Full Name: \_\_\_\_\_

HEALTH CARD No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Private Health Cover:

Name of fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Health Care Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Ambulance Subscription: YES / NO (Circle) Ambulance Member No: \_\_\_\_\_

Child's Doctor Name: \_\_\_\_\_ Doctor's Phone No: \_\_\_\_\_

2. Dietary requirements of child: (For example; vegetarian, food allergies) \_\_\_\_\_

Date of last Tetanus Shot? \_\_\_\_\_

3. Please tick the appropriate box if your child suffers from the following:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Bed Wetting     | <input type="checkbox"/> Seizures     | <input type="checkbox"/> Dizzy Spells    | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Hearing Loss    | <input type="checkbox"/> Hay Fever     |
| <input type="checkbox"/> Headaches       | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fears/Phobias |
| <input type="checkbox"/> Sight Loss      | <input type="checkbox"/> Black Outs   | <input type="checkbox"/> Soiling         | <input type="checkbox"/> Other         |

If Yes, please give details: \_\_\_\_\_

4. Please tick the appropriate box if your child has allergies to any of the following:

- |                                     |   |   |                                |                                |
|-------------------------------------|---|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Specific Foods | <input type="checkbox"/> Food Additives | <input type="checkbox"/> Drugs | <input type="checkbox"/> Other |
|-------------------------------------|---|---|--------------------------------|--------------------------------|

If Yes, please give details: \_\_\_\_\_

5. Does your child have any chronic illness, medical condition or physical restriction?

YES /NO (circle) If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please tick the appropriate box if your child has any of the following disabilities:

Autism    Aspergers Syndrome    ADHD / ADD  
 Intellectual Disability    Physical Disability    ODD  
 Mental Health    Acquired Brain Injury    Other If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

7. All prescribed medication is to be stored in a Blister Pack or Dosette Box that is clearly labeled. If your child is on medication please list below:

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Before B/Fast

B/Fast

Other times

Lunch

Other times

Dinner

Other times

Bedtime

Further Comments/Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are there any recent or ongoing situations at school or home which may have some impact on your child during camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there any helpful information that our leaders need to know, that can ensure your child has an enjoyable camp experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are there any ongoing behavioral issues with child? If so please attach a detailed behavior management plan. \_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER**

Subject to any law to the contrary, and to the maximum extent permitted by law, Guerilla12 and its officers, employees and agents disclaim all liability for any loss or damage (whether foreseeable or not) suffered by any person participating on a camp offered by Guerilla12, whether the loss or damage arises in connection with any negligence, default or lack of care on the part of Guerilla12 or any of its representatives or any other cause.

**PRIVACY**

Does Guerilla12 have your permission to reproduce any photographs, video footage and/or audio recordings taken on the camp of your child, in any of our publications and website, on the understanding that no Names are to be used without your authorization?

(Please tick) **YES/ NO**

Photographs:       

Video Footage:       

Audio Footage:       

**PERMISSION TO ATTEND AND MEDICAL AUTHORITY**

I ..... being parent/guardian of .....  
..... do give.....

Permission for him/her to engage and participate in this Guerilla12 youth Camp and the activities offered. I further authorize that any duly authorized agents of Guerilla12 in the event of any accident or illness and where it is not possible or reasonable to obtain my consent at the time to engage any medical practitioner or hospital facilities or accommodation and in this event I agree to pay all such ambulance, doctor, nurse or hospital expenses.

I have read and I accept the above conditions and disclaimer relating to participation in Guerilla12 Camps programs and I give my permission for my son/daughter to take part in them.

Signed ..... Date .....  
(Parent/Guardian)

FORMS THAT HAVE NOT BEEN COMPLETED IN FULL WILL NOT BE PERMITTED TO ATTEND

## SCHOLARSHIPS

Scholarships are available to qualifying Guerilla 12 participants.

### Full Scholarship-

Explain why it's needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Also attach a written paragraph from you child “why” they want to be at Guerilla12 for the summer. Included this with request for Full Scholarship and application.

### Partial Scholarship-

Explain why it's needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Also attach a written paragraph from your child on “why” they want to be at Guerilla12 for the summer. Include this with request for the Partial Scholarship and application.

**FEES/COST: (\*2 week minimum participation\*)** (Please tick which program you interested in)

#### TWO WEEK: \$400

- Includes all supplies, 2 snacks daily and a daily schedule of 8:30am to 4:30pm Monday to Friday.

#### FOUR WEEK: \$1000

- Includes all supplies, 2 snacks daily and a daily schedule of 8:30am to 4:30pm Monday to Friday.

#### FULL SUMMER PROGRAM (NINE WEEKS) : \$2250

- Includes all supplies, 2 snacks daily and a daily schedule of 8:30am to 4:30pm Monday to Friday.

### BREAKDOWN OF HOURS AND FEES

When broken down-TWO WEEK for 80hrs-\$5.00 an hour each child.

When broken down-FOUR WEEK for 160hrs-\$6.25 an hour each child.

When broken down-NINE WEEK for 400hrs-\$6.25 an hour each child.

**Guerilla12** hopes are to help everyone to be able to have scholarships, but we will have a process to accommodate people in need first. Unfortunately not everyone will be accepted and granted scholarships, but we will do our best.