

Young Interpreters Program — Summer 2010

APPLICATION FORM -Part 1

CHILD INFORMATION Male Female

Last Name: _____

First Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____

Age as of June 1, 2010: _____

Birthdate: Day _____ Month _____ Year _____

Which session would you prefer to come to the Village?
(Please indicate 1st, 2nd and 3rd choice.)

Any Session is acceptable.

____ Session 1 June 12, 13, 19, 20, 26, 27, July 3, 4, 5

____ Session 2 July 10, 11, 12, 17, 18, 19, 24, 25, 26

____ Session 3 July 31, Aug 1, 2, 7, 8, 9, 14, 15, 16

____ Session 4 Aug 21, 22, 23, 28, 29, 30, Sept 4, 5, 6

____ Session 5 Sept 11, 12, 18, 19, 25, 26, Oct 2, 3

Please provide the following:

1. In a paragraph, tell why you would like to be a Young Interpreter, and what skills or knowledge you have which might help you in the program.

response attached

2. Please provide a letter of reference from a teacher or coach (someone who knows you well).

letter of reference attached

OTHER IMPORTANT INFO

Child's Health Card No: _____

Allergies: _____

Other Medical Conditions or medication: _____

Please attach other information that would assist us in providing for your child's care. (More on reverse...)

APPLICATION FORM -Part 2

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Home Tel: _____

Work Tel: _____

Father's Name: _____

Home Tel: _____

Work Tel: _____

Email: _____

EMERGENCY CONTACT PERSON

Name: _____

Home Tel: _____

Work Tel: _____

Person(s) Authorized To Pick Up My Child:

Name: _____

Name: _____

WAIVER OF LIABILITY

In permitting my child to attend the Young Interpreters Program operated by Upper Canada Village, I provide permission for my child to participate in a full range of program activities, unless I notify you otherwise in writing. I authorize the Program Director, or his/her designate, in the event of accident or illness affecting my child, to authorize all procedures and related expenses, including admission to hospital and necessary treatment as deemed necessary for the care and well being of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, Upper Canada Village will not be held responsible for any accident or illness to my child. I also understand and agree that any pictures taken during the program may be used for promotion of Upper Canada Village. I waive any right to compensation and/or the right to inspect or approve the finished picture or printed material.

As legal guardian, I authorize the above named person(s) to pick my child up from the Day Camp. I also declare that I have read and understood, and consent to the Waiver of Liability above.

Signature: _____

Date: _____