

2011 CO-ED DAY CAMPS & SPORTS PROGRAMS Monday July 4th – Friday August 19th, 2011				
CAMP NAME	DAYS	AGES	TIME	LOCATION
JR PLAYGROUP AM art, water play, outings	July 4 – August 19 Mon - Fri	3 – 5	9 am – 12:00 Noon	CYC
JR PLAYGROUP PM art, water play, outings	July 4 – August 19 Mon - Fri	3 – 5	1 pm – 4 pm	CYC
ALL DAY SPORTS CAMP Baseball, basketball, volleyball, tennis, swim	July 4 – August 19 Mon - Fri	Grade 1 - 6	8:30am – 4:30pm	Winchester P.S.
PERFORMING ARTS CAMP dance, drama, vocal, art Showcase, Thurs. Aug. 18	July 4 – August 19 Mon - Fri	8 - 13	8:30am – 4:30pm	Rose Ave P.S.
COMPUTER CAMP Space is limited to 10 children per group.	July 4 – August 18 Mon - Thurs	5 – 6, 7 – 8, 9 – 10, 11 & Up	10 am - Noon	Rose Ave. P.S.
TENNIS CAMP activities, skills, games	July 4 – August 19 Mon - Fri	8 - 12	12:00 pm – 1:00 pm	Winchester P.S.
EVENING SOCCER LEAGUE 2 games per week, team jersey, awards, team pictures, pizza party	July 5 – August 18 Tues & Thurs	4 - 5	6 pm – 7 pm	Winchester P.S.
	July 4 – August 17 Mon & Wed	6 - 8	6 pm – 8:30 pm	Winchester P.S.
	July 5 – August 18 Tues & Thurs	9 - 11	7 pm – 8:30 pm	Winchester P.S.
	July 4 – August 18 Mon, Tues & Thurs	12 - 14	5 pm – 8 pm	Rose Ave P.S.
YOUTH BASKETBALL CAMP & HOUSE LEAGUES	July 4 – August 18 Mon - Thurs	8 – 12	6 pm – 7:30 pm	Winchester P.S.
	July 4 – August 18 Mon - Thurs	13 - 16	7:30 pm – 9:30 pm	Winchester P.S.
KARATE	July 4 – August 19 Mon & Fri	7 – 13 & 14 - 18	10:30am – 12:00pm	280 Wellesley St. East
SOCCER CAMP activities, skills, games	July 4 – August 19 Mon - Fri	8 - 12	9 am – 12:00 noon	Winchester P.S.
FOR BOXING INFORMATION CALL 416-961-2912				
FOR CAP-C PROGRAMS AGES 0-6 YEARS CALL KATHY SELECKY 416-960-8321				

Registration will be accepted at CYC, 2 Lancaster Avenue, participating local schools,
and throughout the summer, while spaces are available.

CYC SUMMER 2011 REGISTRATION FORM
Please complete front & back

A "YOU MAY PARTICIPATE IN MORE THAN ONE PROGRAM"			
<input type="checkbox"/> JR PLAYGROUP AM 9 am – 12 noon	SPORTS CAMP Grades <input type="checkbox"/> 1– 2 <input type="checkbox"/> 3 – 4 <input type="checkbox"/> 5 - 6	<input type="checkbox"/> TENNIS CAMP Ages 8 – 10 & 11 - 12	COMPUTER CAMP Ages <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11&Up
<input type="checkbox"/> JR PLAYGROUP PM 1 – 4 pm	PERFORMING ARTS CAMP Ages <input type="checkbox"/> 8-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> 13	SOCCER LEAGUE Ages <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-14	BASKETBALL CAMP & HOUSE LEAGUES Ages <input type="checkbox"/> 8-12 <input type="checkbox"/> 13 - 16
SOCCER CAMP <input type="checkbox"/> 8-12	Karate Ages <input type="checkbox"/> 13 & Under <input type="checkbox"/> 14 & Up		

Today's Date: _____ Birth Date: _____
 Day / Month / Year Male / Female Day / Month / Year

Child's Last Name _____ Child's First Name _____

Address _____ Apt. Number _____

City _____ Province _____ Postal Code _____

Home Phone _____ Email: _____

Parent / Guardian Name _____ Relationship _____ Work / Day Phone _____

Parent / Guardian Name _____ Relationship _____ Work / Day Phone _____

Emergency Contact _____ Relationship _____ Work / Day Phone _____

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

Who is authorized to pick-up your child?

Name _____ Relationship _____ Work / Day Phone _____

C "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: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Tax Receipt Requested (for donations over \$20) <input type="checkbox"/> Yes <input type="checkbox"/> No



Welcomes Everyone To

Free Summer Camps & Programs in Cabbagetown and St. Jamestown

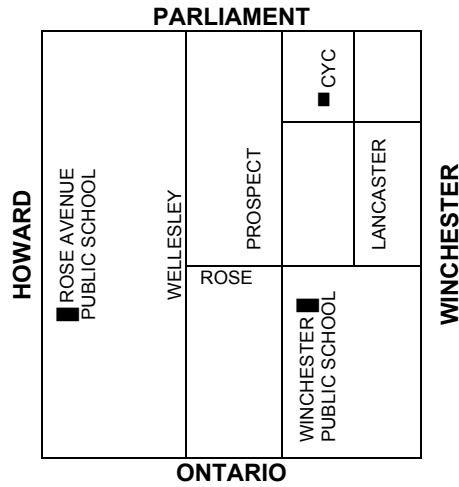


A summer of fun activities, camps & skill development programs

Please drop completed registration forms at participating schools or at The CYC, 2 Lancaster Avenue

- PROGRAMS SPONSORED BY**
- City of Toronto Children's Services
 - HRSDC Canada Summer Jobs
 - Jays Care Foundation
 - Toronto District School Board
 - Focus on Youth
 - Wellesley C.R.C.
 - Second Harvest
 - Boys 2 Men Institute
 - City of Toronto Parks, Forestry & Recreation
 - Doug Philpott Inner City Children's Tennis Fund
 - Free the Children
 - Individual Cabbagetown Businesses
 - Ontario Ministry of Education

MISSION
 The CYC promotes the well being and seeks to improve the quality of life for residents in Cabbagetown, St. Jamestown and Regent Park communities through the provision of social, recreational and skill development programs developed in direct response to community needs.



Cabbagetown Youth Centre
 2 Lancaster Avenue
 Toronto ON M4X 1C1
 T: 416-960-1032 F: 416-960-0113
 www.cabbagetownyouth.ca

CYC SUMMER 2011 REGISTRATION FORM

Please complete front & back

D

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 #: _____

E

Free Summer Lunch (for All Day Sports Camp, Performing Arts Camp & Soccer Camp)
 Second Harvest provides free lunches daily to the Cabbagetown Youth Centre during our summer program months (vegetarian options are included everyday).

Do you want your child to participate in the summer lunch program?
 Yes No

If yes please check one of the boxes below.
 Regular Meal Vegetarian Meal

F

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 _____