



# DESIGN EXCHANGE DESIGN CAMP 2011 REGISTRATION FORM

The Design Exchange offers engaging design-based camps for young designers aged 6 to 15. Conveniently located in the heart of Toronto's financial district, the former Toronto Stock Exchange building offers a unique and inspiring setting for these specialized camp sessions. A qualified and creative team of instructors, senior camp staff, and visiting design professionals lead the programs.

Camp hours are from 9am to 4pm, with complimentary before-care beginning at 8.30am. Extended care is available from 4pm until 5.30pm, at a cost of \$10 per day. The session fees listed below include all materials, field trips, snacks and applicable taxes. Young designers are asked to bring their own peanut-free lunch each day.

young designer's name \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_ birth date \_\_\_\_\_ t-shirt size \_\_\_\_\_

street address \_\_\_\_\_ apt. \_\_\_\_\_

city \_\_\_\_\_ province \_\_\_\_\_ postal code \_\_\_\_\_ home telephone \_\_\_\_\_

mother's name \_\_\_\_\_ email \_\_\_\_\_ cell/work phone \_\_\_\_\_

father's name \_\_\_\_\_ email \_\_\_\_\_ cell/work phone \_\_\_\_\_

### emergency contact in the event that parents cannot be reached

name \_\_\_\_\_ relationship \_\_\_\_\_ telephone \_\_\_\_\_

### names of other individuals who will pick up young designer

name \_\_\_\_\_ relationship \_\_\_\_\_ telephone \_\_\_\_\_

**travel arrangements (please check off one)**      parent pick up / drop off      child travels by self

**session fees**      all sessions: \$295 DX members      \$325 non members

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drama + Design – July 4 <sup>th</sup> to 8 <sup>th</sup>      | <input type="checkbox"/> Retro Cool – July 25 <sup>th</sup> to 29 <sup>th</sup>  | <input type="checkbox"/> Ready to Wear – August 8 <sup>th</sup> to 12 <sup>th</sup>       |
| <input type="checkbox"/> Fashion Basics – July 4 <sup>th</sup> to 8 <sup>th</sup>      | <input type="checkbox"/> Fashion Styling – July 25 <sup>th</sup> to 29 <sup>th</sup>   | <input type="checkbox"/> Creatures + Comics – August 15 <sup>th</sup> to 19 <sup>th</sup> |
| <input type="checkbox"/> Drama + Design – July 11 <sup>th</sup> to 15 <sup>th</sup>    | <input type="checkbox"/> Dine Design – August 2 <sup>nd</sup> to 5 <sup>th</sup><br><small>(pro-rated short week \$260 or \$235 DX members)</small>      | <input type="checkbox"/> Drawing Fashion – August 15 <sup>th</sup> to 19 <sup>th</sup>    |
| <input type="checkbox"/> Costume Design – July 11 <sup>th</sup> to 15 <sup>th</sup>    | <input type="checkbox"/> Jewellery Design – August 2 <sup>nd</sup> to 5 <sup>th</sup><br><small>(pro-rated short week \$260 or \$235 DX members)</small> | <input type="checkbox"/> Fun Park – August 22 <sup>nd</sup> to 26 <sup>th</sup>           |
| <input type="checkbox"/> Rock Star – July 18 <sup>th</sup> to 22 <sup>nd</sup>         | <input type="checkbox"/> Fashion TV – August 2 <sup>nd</sup> to 5 <sup>th</sup><br><small>(pro-rated short week \$260 or \$235 DX members)</small>       | <input type="checkbox"/> Vintage Couture – August 22 <sup>nd</sup> to 26 <sup>th</sup>    |
| <input type="checkbox"/> Essential Fashion – July 18 <sup>th</sup> to 22 <sup>nd</sup> | <input type="checkbox"/> Superstructures – August 8 <sup>th</sup> to 12 <sup>th</sup>  |   |

### extended care is available from 4.00pm until 5.30pm each day (please check off days needed)

monday      tuesday      wednesday      thursday      friday

**TOTAL COST**      session fee(s) \$ \_\_\_\_\_ + number of extended care days \_\_\_\_\_ x \$10 \_\_\_\_\_ = \_\_\_\_\_

**payment (please check off one)**      VISA      MASTERCARD      AMEX      CASH      CHEQUE

card number \_\_\_\_\_ exp. day (mm/yy) \_\_\_\_\_

cardholder's name \_\_\_\_\_ signature \_\_\_\_\_

I agree that Design Exchange (DX), its directors, employees and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Design Exchange Camp activities. I further certify that the registrant is covered by OHIP and/or private health insurance. I am aware that my child may be photographed at any time during the camp for the purpose of DX publicity and advertising.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

**REFUND AND WITHDRAWALS**      A \$30 fee will be charged for withdrawal requests made in writing, 14 days prior to the start of the session. The full session fee will be charged for withdrawals made less than 14 days before the start date.

**TO REGISTER**      mail: 234 Bay St. PO Box 18 TD Centre, Toronto ON M5K 1B2      email: education@dx.org      fax: 416.368.0684      in-person: 9am – 5pm at info desk



# DESIGN EXCHANGE DESIGN CAMP 2011 HEALTH FORM

The health information provided to the Design Exchange (DX) will be kept in the strictest confidence. If it is deemed in the best interest for the proper medical care of the young designer, the DX may release the information contained herein to medical professionals who are engaged in treating the child.

This form must be submitted to the DX prior to the commencement of camp. Any medication sent to the DX with the young designer, must be in its original bottle or package and be prescribed to the child. A parent/guardian signed note, detailing dosage and frequency, must accompany any medication to be taken by the child during camp hours.

young designer's name \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

camp session(s) designer is enrolled in \_\_\_\_\_

street address \_\_\_\_\_ apt. \_\_\_\_\_

city \_\_\_\_\_ province \_\_\_\_\_ postal code \_\_\_\_\_ home telephone \_\_\_\_\_

mother's name \_\_\_\_\_ email \_\_\_\_\_ cell/work phone \_\_\_\_\_

father's name \_\_\_\_\_ email \_\_\_\_\_ cell/work phone \_\_\_\_\_

### emergency contact

name \_\_\_\_\_ relationship \_\_\_\_\_ telephone \_\_\_\_\_

### provincial health card information (or other proof of medical coverage)

health card number \_\_\_\_\_ version code \_\_\_\_\_

### please detail any and all health or emotional concerns that the DX should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

will your child be bringing any medication to camp?  yes  no

does your child carry an epi pen?  yes  no

### please check if your child has/had any of the following illnesses

- |   |   |  |  |                                    |
|---|---|--|--|------------------------------------|
| <input type="checkbox"/> german measles | <input type="checkbox"/> chicken pox    | <input type="checkbox"/> whooping cough  | <input type="checkbox"/> headaches         | <input type="checkbox"/> sinusitis |
| <input type="checkbox"/> hepatitis      | <input type="checkbox"/> appendicitis   | <input type="checkbox"/> strep throat    | <input type="checkbox"/> heart problems    | <input type="checkbox"/> hay fever |
| <input type="checkbox"/> asthma         | <input type="checkbox"/> ear troubles   | <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> seizure disorders | <input type="checkbox"/> ADD/ADHD  |
| <input type="checkbox"/> mumps          | <input type="checkbox"/> frequent colds | <input type="checkbox"/> red measles     | <input type="checkbox"/> stomach problems  | <input type="checkbox"/> diabetes  |

when was the young designer's last tetanus vaccination? \_\_\_\_\_

are all other immunizations up to date? \_\_\_\_\_

please list chronic or recurring illnesses or medical conditions \_\_\_\_\_

please list any allergies (food, drugs, plants, insects) and treatments \_\_\_\_\_

does your child have a special diet or food restrictions? \_\_\_\_\_

name of family physician \_\_\_\_\_ phone number \_\_\_\_\_

I verify that all statements on this form are true and correct and I have legal custody and guardianship of the above mentioned child. The person herein described has permission to engage in all prescribed camp activities, except where I have noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I agree that the Design Exchange (DX), its directors, employees and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Design Exchange Camp activities. I further certify that the registrant is covered by OHIP and/or private health insurance.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_