



DESIGN EXCHANGE SUMMER CAMP 2010 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 _____ school grade _____ birth date _____

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 circle one) parent pick up / drop off child travels by self

session fees all sessions: \$295 DX members \$325 non members Drama + Design (2 week session): \$570 DX members \$630 non members

- | | | |
|---|--|--|
| <input type="checkbox"/> Rock Star – July 5 th to 9 th | <input type="checkbox"/> Project Fashion – July 19 th to 23 rd | <input type="checkbox"/> Fashion II – August 9 th to 13 th |
| <input type="checkbox"/> Ready to Wear – July 5 th to 9 th | <input type="checkbox"/> Fashion I – July 26 th to 30 th | <input type="checkbox"/> Micro Design – August 16 th to 20 th |
| <input type="checkbox"/> Design for Space – July 12 th to 16 th | <input type="checkbox"/> Toy Design – August 3 rd to 6 th
<small>(pro-rated short week \$260 or \$235 DX members)</small> | <input type="checkbox"/> Accessorize – August 16 th to 20 th |
| <input type="checkbox"/> Vintage Couture – July 12 th to 16 th | <input type="checkbox"/> Fashion in the Bag – August 3 rd to 6 th
<small>(pro-rated short week \$260 or \$235 DX members)</small> | <input type="checkbox"/> Retro Cool – August 23 rd to 27 th |
| <input type="checkbox"/> Drama + Design – July 19 th to 30 th
<small>(2 week camp \$630 or \$570 DX members)</small> | <input type="checkbox"/> Dance + Design – August 9 th to 13 th | <input type="checkbox"/> Green Fashion – August 23 rd to 27 th |

extended care is available from 4.00pm until 5.30pm each day (please circle days needed) monday tuesday wednesday thursday friday

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

payment (please circle 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



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

- german measles chicken pox whooping cough headaches sinusitis
- hepatitis appendicitis strep throat heart problems hay fever
- asthma ear troubles chronic fatigue seizure disorders ADD/ADHD
- mumps frequent colds red measles stomach problems 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 _____