

SUMMER CAMP 2019

Get Ready For An Action Packed Program !

- Obstacle Race Training
- Martial Arts
- Gymnastics
- Zumba / Dance
- Arcade Games
- Competition Readiness
- Parkour Tips & Tricks
- Drills & Tournaments
- Outdoor Activities
- Table Tennis / Badminton

Free Admission Tickets, Swag and Snack INCLUDED!

Early Bird Special

ONLY \$299* per week!!

Full Payment Required, *No Other Discounts Applicable, *Taxes not included, Price Not Prorated
For Week 1 And Week 6, Register In-Person Or Via Email:
camps@ninjazcanada.com, Completed Credit Card Authorization Form Required

Regular Price

\$375 per week, 9am to 5pm

Taxes Not Included, Sibling Discount Available
*Early Drop-off And Extended Care Available

NINJAZ Campers:

- Ages 7 - 12 years (some exceptions)
- Multi-Activity Camp, Focus On Active And Healthy Life Style.
- Variety Of Programs Designed For Every Skill Level And Interest.
- Individual And Group Activities To Encourage Socialization And Build New Friendships.

NINJAZ Camp Staff:

- Standard First Aid & CPR certified
- Subject to Police Vulnerable Sector Check
- Trained in areas of Health and Fitness, Child Development and planning activities for groups and individuals.
- Team of fun, caring and committed leaders

Camp Sessions

- Week 1: July 2-5*
- Week 2: July 8-12
- Week 3: July 15-19
- Week 4: July 22-26
- Week 5: July 29 to August 2
- Week 6: August 6-9*
- Week 7: August 12-16
- Week 8: August 19-23
- Week 9: August 26-30

**Camps will not run on Monday, July 1st (Canada Day) and Monday, August 5 (Civic Holiday)*

Camp Hours

- Camp begins at 9am until 5pm, Monday to Friday unless otherwise stated.
- Extended Hours are available from 5pm to 6pm at \$20/hour.
- For parental convenience, early drop off is available at 8:45am at no additional cost.

Camp Cost

- **EARLY BIRD:** Per Child \$299 plus Tax.
 - Completed registration form with full payment is required.
 - No Sibling or any other discounts are applicable.
 - Same price for Week 1 & 6 (4 day camp)
- Register in-person or send completed package with Credit Card authorization form via email at camps@ninjazcanada.com
- **Regular Cost** is \$375 per week per child.
 - Sibling discount of \$25 is available for any number of siblings.
 - Early drop-off and extended care available

Camper Pick-Up & Drop-Off

- Parents: When picking up your children, a piece of photo identification must be shown at time of sign-out.
- Only those adults listed on 'Camper Information' and 'Registration Form' are permitted to pick-up your child(ren).
- If there is any change in your child's pick-up routine, please notify Sam Sandhu, Camp Director, in-person, via email at camps@ninjazcanada.com and/or by phone at 905.851.1661

Camper Attire

- Gym clothes - Track pants, shorts, yoga pants, leggings, T-shirt / sweatshirt.
- Please bring a pair of clean, indoor, running shoes in a bag, , sunscreen & cap.
- A NINJAZ Vest will be provided to all campers which must be worn everyday, on top of your child's regular gym clothes - no exceptions.
- Unless there is a special event request, toys or other valuables such as iPad, cell phone, etc. should not be brought to camp.

NINJAZ Canada Inc. is not responsible for lost, stolen or damaged articles brought to camp.

Lunch and Snack

- Please provide a 'Nut Free' lunch and a refillable water bottle for your child.
- NINJAZ Canada Inc. is a 'nut aware' environment. **We request all parents to refrain from sending peanut or nut products to camp.**
- Energizing snacks such as fruits and vegetables with dip, will be provided.
- As a treat, we may provide muffins, juice box and/or popcorn to your child. (permission required in the 'Camper Information' Form)

Medical Information - Health & Safety

- Campers requiring medication at camp need to have a signed 'Medication Release Form' on site.
- Medication must be stored in original containers only, and will be kept in the camp office.
- Camp staff are not responsible for lost or damaged medications left in the campers' care.

Activities

- Campers will be encouraged to participate in multi-level intensity games & drills throughout the day. If your child does not wish to participate, alternative activity will be offered.
- Outdoor activities will include games such as dribbling, skipping, badminton tournaments, giant bubble experiments and other fun games (weather permitted).
- Campers will be partnered with other campers based on age and skills level. They may get to choose their partner however it is not guaranteed.

- | | |
|--------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Online Waiver | <input type="checkbox"/> Camper Information Form |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Epi-pen - Medical Information Form |

Thank you for choosing NINJAZ! Register your child for camp in-person or via email.

- **In-person:** Submit completed Registration Form, Camper Information Form, Medical Information Form along with full payment at our office located at 11-6260 Hwy 7, Woodbridge, between Monday to Friday, 10am to 6pm. Please use one form per participant.
- **Email:** complete Registration Form, Camper Information, Medical information Form and Credit Card Authorization Form and email Sam Sandhu, Camp Coordinator at camps@ninjazcanada.com.
- Please note all forms submitted after 5pm will be processed the following business day. All forms must be legible in order to be processed correctly and on time. **Early Bird Special:** Registration with full payment required, *no other discounts applicable, *taxes not included, price cannot be prorated for week 1 and week 6.

Note: If you are printing then filling out the form, **please print clearly.**

Section 1: Participant Information

First & Last Name	Gender	Age
_____	_____	_____
Home Address	City	Province
_____	_____	_____
	Ontario	Postal Code
	_____	_____

Section 2: Parent / Legal Guardian

1st Parent/Guardian First & Last Name

Cell #	Email:
_____	_____

2nd Parent/Guardian First & Last Name *(If both parents will be sharing pick up duties)*

Cell #	Email
_____	_____

Section 3: Camp Week Program Selection

Early Bird: \$299 per week, Registration required, full payment required, *no other discounts applicable, *taxes not included, price not prorated for week 1 and week 6, completed credit card authorization required.

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Program week 1 ^T : July 2-5 | <input type="checkbox"/> Program week 6 ^T : August 6-9 |
| <input type="checkbox"/> Program week 2: July 8-12 | <input type="checkbox"/> Program week 7: August 12-16 |
| <input type="checkbox"/> Program week 3: July 15-19 | <input type="checkbox"/> Program week 8: August 19-23 |
| <input type="checkbox"/> Program week 4: July 22-26 | <input type="checkbox"/> Program week 9: August 26-30 |
| <input type="checkbox"/> Program week 5: July 29-August 2 | |

^T – indicates a 4-day camp.

Total \$
HST \$
GRAND TOTAL
(office use only)

Section 4: Camp Week Program Selection.....continued

Camp Price: \$375 per week, taxes not included, full payment required, sibling discount available, completed credit card authorization form required. Check weeks.

Program week 1^T: July 2-5

Program week 6^T: August 6-9

Program week 2: July 8-12

Program week 7: August 12-16

Program week 3: July 15-19

Program week 8: August 19-23

Program week 4: July 22-26

Program week 9: August 26-30

Program week 5: July 29-August 2

^T – indicates a 4-day camp.

Total Fee
 (# of weeks X \$375) \$

HST \$

Sibling Discount
 if applicable, \$25 off of any number of siblings.
(Office Use Only)

Name(s) of Sibling(s)

Extended Care
 \$20 per hour, until 6pm ONLY, must be paid in advance at the time of registration and is non-refundable. Same day extended care is subject to availability of instructors and is not guaranteed. Same day extended hours will be calculate at \$15 per 30 minutes and will be charged to the credit card on file. *(Office Use Only)*

\$

Grand Total
(Office Use Only)

Flexible Program Selection: \$150 per two days per week, additional day \$75 per day, *taxes not included, two days minimum required, full payment required, sibling discount not applicable, no other discount applicable, completed credit card authorization required. Select 2 or more below.

Program week 1^T: July 2-5

Program week 6^T: August 6-9

Program week 2: July 8-12

Program week 7: August 12-16

Program week 3: July 15-19

Program week 8: August 19-23

Program week 4: July 22-26

Program week 9: August 26-30

Program week 5: July 29-August 2

Total Fee:
(Office Use Only)

Section 5: Notes (Office Use ONLY)

Print Staff Name: _____ Date: _____ Time: _____

Print Staff Name: _____ Date: _____ Time: _____

Section 6: Assumption of risk and injury (Please check)

By submitting and signing this form, I, parent/legal guardian of the participant, acknowledge that I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release NINJAZ Canada Inc. and its staff from liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named participant occurring in the premises of NINJAZ Canada Inc. I warrant that the participant named on this form, is physically fit to participate in all activities, listen to instructions and properly follow rules set forth during activities, related to fitness, art, craft, dance and all activities at NINJAZ Canada Inc. I declare that I have accurately disclosed all information regarding physical, mental and/or medical conditions affecting the named participant and acknowledge that this information may be used by NINJAZ Canada Inc. in the delivery of it's programs.

I acknowledge that there is potential risk for injury involved in training and competing in any sport and/or activity. And I understand that NINJAZ Canada Inc. has tried to create a safe and controlled environment for participation and that it has established rules for participation on and about the play area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of NINJAZ Canada Inc. may result in the suspension and/or termination of camp / membership sessions. I waive the rights of the participant to damages and/or other costs in the event injury is caused due to participation in activities at NINJAZ Canada Inc. I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify NINJAZ Canada Inc. of any changes immediately.

I understand and acknowledge that NINJAZ's staff is qualified & trained to provide assistance and encourage every participant through various activities, crafts, experiments, drills and tournaments, etc. on a daily basis during camp hours and/or while at NINJAZ Canada Inc. However, due to the nature of some activities, some participants may not complete or attempt to complete the designated activity. I agree and completely acknowledge that NINJAZ Canada Inc. cannot guarantee that all Participants/kids will attempt and complete all activities mentioned in the camp schedule.

My signature below indicates that I have read the above and agree to all terms and conditions pertaining to NINJAZ Canada Inc.

Parent / Legal Guardian First & Last Name

Signature: _____ Date: _____

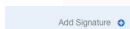
How to Add a Digital Signature

ADOBE ACROBAT

1. Click this icon on the top bar.



2. Click "Add Signature."



3. Fill out, then drop the signature in the "signature" field above.

PREVIEW ON MAC

1. On the top ribbon, go to View > Show Markup Toolbar.

2. Click this signature icon.



3. Fill out, then drop the signature in the "signature" field above.

Camper Information Form

(Government issued ID will be checked during regular and emergency Pick-up)

Section 1: Participant Information

First & Last Name	Gender	Age
_____	_____	_____
Home Address	City	Province
_____	_____	_____
	Ontario	Postal Code
	_____	_____

Section 2: Parent / Legal Guardian

1st Parent/Guardian First & Last Name

Cell #	Email:
_____	_____

2nd Parent/Guardian First & Last Name *(If both parents will be sharing pick up duties)*

Cell #	Email
_____	_____

Section 3: Pick-up Information: *(ID will be checked at every pickup)*

1 st First & Last Name	Relationship to Camper
_____	_____

Cell #	Email:
_____	_____

2 nd First & Last Name	Relationship to Camper
_____	_____

Cell #	Email
_____	_____

3 rd First & Last Name	Relationship to Camper
_____	_____

Cell #	Email
_____	_____

Section 4: Emergency Contact Information (*ID will be checked at every pickup*)

1st First & Last Name Relationship to Camper

Cell # Email:

2nd First & Last Name Relationship to Camper

Cell # Email

Section 5: Medical History (Please specify any allergies or medical conditions that we should be aware of. Our instructors are trained in CPR/ First Aid. However, if your child requires any type of medication, the Additional Action Plan section must be signed. If your child requires EpiPen administration you are required to fill out an Anaphylaxis Emergency Plan Form.

• **Allergies:** Yes No If 'Yes', specify

If 'Yes', does your child require Assisted Epipen Administration Yes No
(Please fill out the Anaphylaxis Emergency Plan Form. Staff are only permitted to do "hand-over-hand" administration of medication)

• **Medical Conditions:** Yes No If 'Yes', please explain

• **Medication required during camp?** Yes No

If 'Yes', does your child need assistance taking any medication? Yes No

Additional Action Plan: If your child needs a reminder to take his/her medication, parent must call the office at the designated time to remind staff and child. Please check this box that you agree and understand the above stated action plan.

Section 6: Parent/Guardian Authorization



My signature below indicates that I have read the above and agree to all terms and conditions pertaining to NINJAZ Canada Inc. **I confirm that the information given in this form is true, complete and accurate**

Parent / Legal Guardian First & Last Name


Signature _____ Date: _____

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PREVIEW ON MAC

1. On the top ribbon, go to View > Show Markup Toolbar.
2. Click this signature icon. 
3. Fill out, then drop the signature in the "signature" field above.

Credit Card Authorization Form

Please note that payments are final and must be paid in full at the time of registration.
All declined credit card payments have an administration fee of \$30 +HST.

Section 1: Credit Cardholder Information

First Name

Last Name

Cell #

Email

Credit Card Type (Check One):

MasterCard

Visa

American Express

Name on Credit Card

Credit Card Number

Expiration Date

CVV/PIN (For Amex please enter 4-digit pin on the front of the card)

Billing Address

Unit/Suite Number

City

Province

Postal Code

Section 2: To be filled by Authorized Manager at NINJAZ Canada Inc.

Number of Charge	Amount to Charge	Reason for the Charge	Signature of Authorized Employee of NINJAZ	Date of Charge
1				
2				
3				

By my signature below, I hereby authorize NINJAZ Canada Inc. to maintain a record of my Credit Card information and to charge my credit card for the services ordered by myself, either in writing, by telephone, email and/or verbal communication. I further state that I am the authorized signer for the credit card identified. This information will be kept confidential and will only be used to charge for the amounts listed above in the chart.

Late Payment Penalty: Please note that payments are final and must be paid in full at the time of registration. All declined credit card payments have an administration fee of \$30 +HST. Any payments not paid at the time of registration such as discounts, extended care fee, etc., will be charged by the authorized Employee immediately. Overdue accounts are charged as follows: 5% interest on the overdue balance after 2 business days. After 4 business days, 10% interest on the overdue balance will be charged.

Failure to make full payment of the balance amount after 5 business days will result in legal action including a report to the credit bureau.

Credit Card Holder's Signature

See "How to Add Digital Signature" on page 7