

MINI UNIVERSITY 2011 REGISTRATION FORM (PAGE 1)

For more information call (204) 727-9642 or (204) 727-9636, email MiniU@brandonu.ca, or visit us at miniu.brandonu.ca

IMPORTANT INFORMATION!



- 1) Complete **one form** (both sides!) **PER CHILD**.
- 2) Please read the form carefully and print clearly in ink.
- 3) Payment must be received before registration is processed. **Post-dated cheques** will **not** be accepted.

STEP 1) Choose a week (please complete one form PER WEEK, PER CHILD)

- Week 1: July 4 - 8
 Week 2: July 11 - 15
 Week 3: July 18 - 22
 Week 4: July 25- 29
 Week 5: August 2 -5 *
 Week 6: August 8 - 12 ‡
 Week 7: August 15 - 19 ‡
 * Mini U is CLOSED ON AUGUST 1ST
 ‡ Exact start dates and times vary. See pages 14-16 for more info.

NAME: _____

STEP 2) Choose a **free gift**

- Water Bottle (BISPHENOL FREE)
 ADULT T-SHIRT
 S
 M
 L
 XL
 XXL
 (Gift can be switched when you arrive at camp)
 Hat
 Frisbee
 YOUTH T-SHIRT
 S (6-8)
 M (7-12)

STEP 3) Choose a program (please note that some programs are only offered during certain weeks)

Jr. Chipmunks (ages 5-6) OFFERED WEEKS 1-7



- Both sessions (all day)
 Morning session only
 Afternoon session only



Jr. Moose (ages 7-9) OFFERED WEEKS 1-7

- Both sessions (all day)
 Morning session only
 Afternoon session only

- WEEKS 1-4, 6, 7**
 \$ 100 per Week (Five 1/2-Days)
 \$ 195 per Week (Five Full-Days)
WEEK 5
 \$ 85 per Week (Four 1/2-Days)
 \$ 155 per Week (Four Full-Days)

\$ _____
TOTAL JUNIOR FEE

Senior Mini U (ages 9-16) OFFERED WEEKS 1-5

- WEEKS 1-4**
 \$ 195 per Week (Five Full-Days)
WEEK 5
 \$ 155 per Week (Four Full-Days)

\$ _____
TOTAL SENIOR FEE

Slot	Time	#	FIRST CHOICE	#	SECOND CHOICE	#	THIRD CHOICE
1	9:00						
2	10:00						
3	11:00						
	12:00	#	LUNCH	#	LUNCH	#	LUNCH
4	1:00						
5	2:00						
6	3:00						

Specialty Camps

AGES AND DATES VARY; PLEASE SEE PAGES 14-16

\$ _____
TOTAL SPEC. FEE

WEEK 5:

- Badminton Camp (AM) \$ 85
 Badminton + 1/2-Day Mini U \$ 155

WEEK 7:

- Game Designers (AM) \$ 100
 Gamers Camp (PM) \$ 100
 Judo Camp (PM) \$ 100
 Kiwanis Kids Leadership Challenge (ALL DAY) \$ 195

WEEK 6:

- Archaeology (AM) \$ 100
 Guitar Camp (PM) \$ 100
 Artrageous Camp (AM) \$ 100
 LEGO Robotics Camp (AM) \$ 100
 Babysitting Camp (PM) \$ 100
 Movie Making (PM) \$ 100
 C.S.I. Brandon (AM) \$ 100
 Musical Theatre (ALL DAY) \$ 200
 Dance Camp 7-10 yrs (AM) \$ 100
 Robotics Camp (PM) \$ 100*
 Dance Camp 11-16 yrs (PM) \$ 100
 Soccer Camp (AM) \$ 100
 Game Designers (AM) \$ 100
 Spy Kids Camp (PM) \$ 100
 Gamers Camp (PM) \$ 100
 Survivor (ALL DAY, 3 days+) \$ 180

STEP 4) Add in applicable material fees and other additional fees

- MATERIAL FEES**
 \$ 10 Scrapbooking
 \$ 15 Robotics (Senior Mini U)
 \$ 35 *Robotics (Spec. Camp)
OTHER FEES
 \$ 15 Early Drop-Off (7:30-7:59 am)
 \$ 15 Late Pick-Up (5:01-5:30 pm)
 \$ 10 Late Registration Fee (after Wed.)
 \$ 310 Residence Fee (Sun. - Fri.)
DONATIONS
 I would like to help support Mini U by donating \$ _____

\$ _____
TOTAL ADDL. FEES

\$ _____
TOTAL DUE

STEP 5) Total up all applicable fees (Please transfer total to Step 8, overleaf)

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STEP 6) Supply participant information and ALL APPLICABLE CONTACT PHONE NUMBERS:

<input type="text"/>	<input type="text"/>	YYYY	MM	DD
Child's Last Name	Child's First Name	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address	City & Province			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-mail (<input type="checkbox"/> Please add me to your e-newsletter list!)	Postal Code	School Presently Attending	Grade (as of June 2011)	

() **Primary Contact:** Mother Father Other: _____
Home Phone

My child can be released to...

Mother Father Other (Names: _____)
 Grandmother / Grandfather (Names: _____)

OPTIONAL: For the express purpose of sponsorship grants and statistics, please check all that apply to you:

Aboriginal Recent immigrant / EAL
 Metis Low income

<input type="text"/>	(<input type="text"/>)	(<input type="text"/>)
Mother's Name (or Other's)	Mother's Work Phone + Ext (or Other's)	Mother's Cell Phone (or Other's)
<input type="text"/>	(<input type="text"/>)	(<input type="text"/>)
Father's Name	Father's Work Phone + Ext.	Father's Cell Phone
<input type="text"/>	(<input type="text"/>)	(<input type="text"/>)
Emergency Contact Name (non-parent)	Emergency Contact Home or Work Phone	Emergency Contact Cell Phone

Health Information: Please provide details of any allergies, medication requirements, special needs, dietary restrictions or other medical conditions of which we should be made aware. This information may be shared with Mini University administrators and instructors. (Attach additional sheets if necessary.) _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician's Name	MHSC FAMILY # (6 digit)	MHSC P.H.I.N. (9 digit)	Treaty # (if applicable)

STEP 7) Informed Parental Consent: Registration cannot be accepted without signed consent from a parent or legal guardian.

Participants in Brandon University's Mini University must, at all times, abide by the guidelines and regulations set forth by the program. Brandon University, its agents and employees will not be held liable for any and all injuries, accidents, illnesses, loss of property or access to and dissemination of inappropriate or controversial material through electronic means, howsoever arising from participation in the program. Photos or video of participants, either individuals or groups, may be used by Mini U for future promotional purposes without charge. I also give permission for the above-named child/youth to travel off-campus during Mini University (either by walking or by vehicle) for field trips, under the supervision of Mini U staff. In consideration of the above, I hereby give my permission for the above-named child/youth to participate in Brandon University's Mini University and I agree to hold harmless Brandon University, its agents and employees, from any and all claims and actions arising as a result of his or her participation in the program.

SIGNATURE

DATE

Sign below if you give your permission for your child to sign him/herself out at 4:00 pm.

SIGNATURE (Child self-sign-out)

DATE

THIS REGISTRATION FORM IS ALSO AVAILABLE ON OUR MINI UNIVERSITY WEBSITE AT: MINIU.BRANDONU.CA

STEP 8) Payment information

- Cash (paid in person at the BU Gym main office only)
 Cheque (payable to Brandon University)
 Money order
Credit Card: Mastercard Visa AMEX
If faxing with CC, call 727-9642 with CC# and expiry!

<input type="text"/>
CREDIT CARD NUMBER (omit if faxing)
<input type="text"/>
CARDHOLDER NAME (include if faxing)
<input type="text"/>
AUTHORIZED CARD SIGNATURE (include if faxing)

EXPIRY DATE (omit if faxing) /

Registrations can be dropped off or mailed to:

**Mini University
Brandon University Gymnasium
270-18th Street
Brandon, MB R7A 6A9**

OR: Fax (both sides) to (204) 727-6906

TOTAL: \$