

ADVENTURE RADIUM SUMMER PROGRAM REGISTRATION FORM

1. PARTICIPANT INFORMATION (Child mu	ust be 5 years old for the	AM program), or	turning 5 in July/August
CHILD'S FIRST NAME:	LAST NAME:		GENDER: M F
Home Address:	City:	Prov	Postal Code
Phone: ()Email:		Birthdate N	Month/Day/Year
2. CUSTODIAL PARENT/GUARDIAN INFO	RMATION:		
Registrant is in the custody of: (circle) \square Both Parents	\square Mother Only \square Fat	ther Only Othe	r
Mother/Guardian Name:	Phone Number (cell or home) ()		
Father/Guardian Name:	Phone Number (cell or home) ()		
3. SECONDARY/EMERGENCY CONTACT (if above cannot be reacl	hed)	
Name	Relationship To Child		
Phone Number (cell or home) ()			
4. HEALTH/MEDICAL INFORMATION: Does your child have any medical issues that t	he Camp leaders should	d be aware of? If	so, explain briefly:
Parent/Guardian permission: As a legal guardian I giv off-site trips. I understand and agree to cooperate with al contact person cannot be reached, I give permission for tunderstood that all reasonable efforts will be made to comy child(ren) may be photographed and that those photo Guide.	I regulations. In an emergen he camp authorities to take a ntact the parent/guardian. I u	icy, when the undersi any emergency measi understand that while	gned or other emergency ures deemed appropriate. It is participating in camp activities
Signature of Parent/Guardian	Da	ate:	2018
PAYMENT:	OR OFFICE USE ONLY		
\$ 5.00 drop in fee per child \$48.00 full time child fee \$96.00 full time family fee (two or more PAYMENT MADE BY: \Box CASH \Box CHEQUE		TOTAI	= = = 2: \$