

1. PARTICIPANT INFORMATION (Child *must* be 5 years old, or turning 5 in July/August for the AM program)

CHILD'S FIRST NAME: _____ LAST NAME: _____ GENDER: M F

Home Address: _____ City: _____ Prov. _____ Postal Code _____

Phone: (____) _____ Email: _____ Birthdate _____
Month/Day/Year

2. CUSTODIAL PARENT/GUARDIAN INFORMATION:

Registrant is in the custody of: (circle) ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Other

Mother/Guardian Name: _____ Phone Number (cell or home) (____) _____

Father/Guardian Name: _____ Phone Number (cell or home) (____) _____

3. SECONDARY/EMERGENCY CONTACT (if above cannot be reached)

Name _____ Relationship To Child _____

Phone Number (cell or home) (____) _____

4. HEALTH/MEDICAL INFORMATION:

Does your child have any medical issues that the Camp leaders should be aware of? If so, explain briefly:

Parent/Guardian permission: As a legal guardian I give permission for the registrant to participate in all phases of camp activities and off-site trips. I understand and agree to cooperate with all regulations. In an emergency, when the undersigned or other emergency contact person cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian. I understand that while participating in camp activities, my child(ren) may be photographed and that those photos may be used for promotional purposes. **I acknowledge receipt of the Parent Guide.**

Signature of Parent/Guardian _____ Date: _____ 20__

FOR OFFICE USE ONLY

PAYMENT:

| | |
|--|--------------|
| \$ 15.00 drop in fee per child | = _____ |
| \$ 75.00 full time child fee | = _____ |
| \$140.00 full time family fee (two or more <i>siblings</i>) | = _____ |
| TOTAL: \$ | _____ |

PAYMENT MADE BY: ☐ CASH ☐ CHEQUE ☐ INTERAC