



2018 SUMMER CAMP REGISTRATION FORM



PARTICIPANT/FAMILY INFORMATION- Please print clearly

Note: Each child must have their own registration form!

Participant's last name:	Participant's first name:	Birth Date: DD/MM/YY	Sex: Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Family address:	Apt/Unit #	Postal Code:	Email:
Parent 1/ Guardian 1:	Home Phone #	Work/Cell Phone #	
Parent 2/Guardian 2:	Home Phone #	Work/Cell Phone #	
Alternate Emergency contact name: (Different than parent)	Home Phone #	Work/Cell Phone #	
Custody (Mother/Father/Both/Other)	Who can pick up your child?	Who should NOT be contacting, visiting/picking up your child	

Medical Information (Required) if additional space is needed please include a separate sheet of paper	
Health Card #	Does your child require special medical attention(i.e. medication) Yes <input type="checkbox"/>
	If yes, please provide details: No <input type="checkbox"/>
Allergies: My child is allergic to : _____ <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Treatment and comments:	Additional Information:

Dietary Information (Required) Is there any snacks or drinks you would NOT want your child having? i.e. Coke _____	Specific food allergies (please explain): _____
--	---