

Fields marked in **bold** must be filled out for each child. Please fill out all other fields on oldest child's form

Day Camp 2017- Registration Form

Name of Child: _____ **Age:** _____
Date of Birth (DDMMYY): _____

Parent's or Guardian's Information:

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Emergency Information: To contact in the event of an emergency with your child, if you are unavailable.

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Child's Personal Health Number: _____

Please list ALL known allergies below:

Drug	Food	Other
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list and describe all known medical conditions:

Fees:

\$120 / Child
\$175 / Family (Max of 3 Children)
\$10 / Drop-In

Paid:

Cash _____ Cheque _____ Debit/Credit _____

Fields marked in **bold** must be filled out for each child. Please fill out all other fields on oldest child's form

Child Release Form - Day Camp 2017

I hereby give permission to the following person(s) to remove my Child(ren)
_____ from the Biggar Day Camp Program with no
(Print Child's Name)
prior notice given to Day Camp Staff:

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

Staff may require **proof of identification** prior to releasing the child. The Parent/Guardian understands that the child(ren) will be released to the individuals listed above until the parent/guardian provides written notification of changes.

Media Release: We will be bringing back a Picture Wall where images of the kids playing and doing activities with the councillors will be displayed. Please grant or deny us permission to take your child's photo.

I hereby **GRANT / DENY** councillors & staff all permissions to take and to post my child(ren)'s picture in the rink throughout the course of the 2017 Day Camp Program.

Waiver and Release:

I hereby waive and release any and all right to claim damages I may have against the Town of Biggar or its representatives for any and all injuries suffered by the above child(ren) while participating in the activities of the Biggar Summer Day Camp

Parental or Guardian Signature

Date (DDMMYY)

Parental or Guardian Signature

Date (DDMMYY)