

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

## Day Camp 2022- Registration Form

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Date of Birth (DD/MM/YY):** \_\_\_\_\_

**Parent's or Guardian's Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell 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 \_\_\_\_\_

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## Child Release Form - Day Camp 2022

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: _____
Name: _____	Name: _____

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 2021 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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YY)