



2019 MARCH BREAK CAMP REGISTRATION FORM

Please fill out the following information and return the form to the Child & Youth Program Coordinator as soon as possible **Off-site including TTC and school buses. Please use a different form for each child.**

1. Camper's Information

Name:	Age:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Address:		Apartment:
Postal Code:	Telephone Number:	
Parent/Guardian Name:	Work Telephone Number:	

2. Emergency Contact Information (different from main contact)

Emergency Contact:	Relationship:
Address:	Telephone Number:

3. Medical Information

Doctor's Name:	Telephone Number:
Health Card Number:	
Does your child have allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please List:
Other Health Concerns:	

Session Information

Please check which session(s) camper would like to register for

<input type="checkbox"/> Day 1: Monday March 11th = \$15	<input type="checkbox"/> Day 2: Tuesday March 12th = \$15	<input type="checkbox"/> Day 3: Wednesday March 13th = \$15	<input type="checkbox"/> Day 4: Thursday March 14th = \$15	<input type="checkbox"/> Day 5: Friday March 15th = \$15
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4. Person(s) who usually picks up the Camper

1. Name:	2. Name:
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I hereby give Central Neighbourhood House officials the authority to act on my behalf in any case of emergency. I hereby release Central Neighbourhood House and its agents or employees from all claims for damages arising from any incidents or other occurrences resulting in injury which are caused by or arise from the participation of the above named child. Moreover, I give permission to Central Neighbourhood House Association to use any photographs of said child for the purposes of promoting the program and/or the agency. This release covers all program activities in any location.

Parent/Guardian Signature:	Date:
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PLEASE NOTE: Space is limited - Registration is on a first-come, first-served basis