

Summer Camp Registration Form

Please fill out one form for each child registering in Summer Camp.



Child's Information

Camp Start Date _____

Child's Name _____ Birthdate _____

Address _____

City _____ Postal Code _____

MSP Number _____ Family Physician _____

Special Conditions, Disabilities, Allergies, or Medication Information for Emergency Situations

Parent or Guardian Information

Parent or Guardian Name _____ Parent or Guardian Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Additional Emergency Contact

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by staff and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

Parent/Guardian Signature

Date