

SPRING BREAK CAMP

Please check the week(s) you are registering for:

Week #1

Week #2

Male Female Primary language spoken at home: _____ Date of Birth: dd/mm/yy

Participant's First/Last Name: _____ Age (6-12yrs only): _____

Registering Parent/Guardian Name: _____

Postal Code: _____ Home Phone: _____ Cell: _____

Address: _____

Doctor: _____ Dr's Phone: _____ Care Card/Medical # _____

Do you have any medical/health concerns (allergies, medications, special notifications, etc) No

Yes, please provide details:

In case of emergency- Contact #1:

Name _____ Relationship _____ Phone _____

In case of emergency- Contact #2:

Name _____ Relationship _____ Phone: _____

To ensure safety please check appropriate box:

- My child has permission to participate in the program and fieldtrips *AND*
- I or a designated adult will pick up my child at end of program *OR*
(If designated adult changes I will inform staff prior to pick up)
- My child is over the age of 10 and will walk home alone or with another child
(Any child 10 & under has to be picked up by an adult)

I agree that my child will follow all reasonable directions given by program leaders/volunteers. In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize program staff and/or volunteers to seek medical attention on my behalf. I agree to pick up my child/children on time, at the end of the program (4:00pm) at the front reception. In the event that I am unable to do so and am late, program staff have the right to call emergency contact numbers.

1. By signing below, I hereby represent that my child has no physical restrictions other than described above that would prohibit my child's participation in the program.
2. By signing below, I hereby release, remise and forever discharge LMNH, its agent or volunteers, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by LMNHS.
3. I agree to my child's photo being used for promotional use*: Yes No

Parent/Guardian Signature: _____ Date: _____