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DELTA FAMILY SUMMER CAMP REGISTRATION

CHILD INFORMATION

Child's Name: _____ Male _____ Female _____

Age: _____ Birth Date: _____/_____/_____ Grade: _____ School: _____
Month Day Year

Home Address: _____

PARENT(S)/ GUARDIAN(S)

Contact Email: _____

Name: _____
(Mother)

Daytime Phone: _____

Address: _____

City: _____

Name: _____
(Father)

Daytime Phone: _____

Address: _____

City: _____

My Child is in the custodial care of (check one):

Both Parents Mother Only Father Only Other: _____

PARTICIPANT HEALTH INFORMATION

Please answer the following questions:

Health Card Number: _____ Doctor's Name: _____

Doctor's Telephone Number: _____

Any allergies? YES NO. (If yes please note here _____)

It is extremely important that the following questions are answered completely. The program will not be responsible for anything that may happen as a result of incomplete or false information given at the time of enrollment.

1. Describe your child's general health: _____

2. Are there any activities your child is not permitted to participate in due to physical or health reasons? If YES, please describe: _____

3. Please share any additional information about your child (such as learning problems, hyperactivity, behavioural or emotional problems, etc.), which would be helpful for the staff getting acquainted with your child. _____

Child's First & Last Name

EMERGENCY CONTACT

In the event of an emergency, please list a relative or friend to be contacted and to whom your child can be released to in case a parent or legal guardian cannot be reached.

Name: _____

Phone: _____

Address: _____

Relationship: _____

Name: _____

Phone: _____

Address: _____

Relationship: _____

May your child be released to anyone other than the custodial parent/guardian () YES () NO

If YES, please list: _____

PERMISSION TO PARTICIPATE

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at the Summer Camp facilitated by Delta Family Resource. I hereby grant permission for my child to leave the premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle. I hereby grant permission for my child to be included in evaluations.

I AGREE TO WAIVE AND HOLD HARMLESS DELTA FAMILY RESOURCE CENTRE, AFFILIATED PARTNERS, COORDINATORS, VOLUNTEERS AND STAFF FROM ANY AND ALL LIABILITY.

I have read and understand the policies and procedures of the Summer Break Camp. I agree to cooperate with all regulations and procedures.

Parent/Guardian Name (please print) _____ Parent/Guardian

Signature _____

Date: _____

Photo Consent

I, _____ give permission for my child(ren) to be photographed and for these works to be published or displayed at Delta Family Resource Centre that he or she attends. The photographs may be used to publicize the program upon notification.

Name of Child(ren) _____

Signature: _____ Date: _____

Consent to Walk Home

I, _____ give permission for my child(ren) to walk home without supervision from the camp site.

Name of Child(ren) _____

Signature: _____ Date: _____