

March Break Day Camp Registration Form



Main Contact ~ Parent / Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

E-mail address: _____

Home Phone Number: _____ Voice TTY

Work Phone Number: _____ Voice TTY

Cell Phone Number: _____ Voice Text Messages

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____ Voice TTY

Child's Information (participant #1)

Last Name: _____ First Name: _____ Sex: M F

Date of Birth: ___/___/___ (MM/DD/YY) Age: _____ Health Card No: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Allergies / Medication: _____

Medical / Behaviour Issues (ex. emotional / behavioural concerns, special needs or learning difficulties, asthma, epilepsy, diabetes, heart condition, etc.)

Child's Information (participant #2)

Last Name: _____ First Name: _____ Sex: M F

Date of Birth: ___/___/___ (MM/DD/YY) Age: _____ Health Card No: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Allergies / Medication: _____

Medical / Behaviour Issues (ex. emotional / behavioural concerns, special needs or learning difficulties, asthma, epilepsy, diabetes, heart condition, etc.)

Permission / Waiver

- I submit this registration form for the Durham Deaf Services March Break Day Camp 2012, and hereby give permission for my son or daughter to attend.
- I hereby give Durham Deaf Services' March Break Day Camp permission, and grant authority for treatment of illness or accident for my child by a qualified physician or hospital, and I assume full responsibility for any expenses in dealing with the illness or accident.
- I grant permission from time to time for my child to go on field trips taken by the Durham Deaf Services' March Break Day Camp to places of interest, realizing it is part of the March Break Day Camp program as long as I, the parent, have been notified of this trip.
- I understand that Durham Deaf Services reserves the right to withdraw a child or youth from the March Break Day Camp program if it is the best interest of the child or youth, or to the program as a whole.
- I give Durham Deaf Services permission to use a visual likeness (i.e. photograph, video, display, etc) of my child and artwork or other March Break Day Camp program projects that may be displayed for media promotion for and by Durham Deaf Services.
 Yes No _____ (initial)

I have read and agreed to the above terms:

Parent or Guardian Signature

Date

***Please note that refunds will not be issued with less than 7 days notice**

OFFICE USE ONLY

Total Amount Paid: \$ _____ Cash Cheque no. _____

Date: _____ Receipt #: _____ Staff Initial: _____

Cancellation Date: _____ Refund Issued: Yes No Amount: \$ _____

Reason: _____