

Durham Deaf Services March Break Day Camp 2010



Registration Form

- Refunds will not be issued with less than 7 days notice

Main Contact (Parent / Guardian)

Last Name - Main Contact	First Name - Main Contact	
Suit / Apartment / Unit	Address - Street Number	Street Name
City	Postal Code	Home Phone - Main Contact
Work Phone - Main Contact	Emergency Contact Name	Home Phone - Emergency Contact

PERMISSION FOR CAMP: Parent or Guardian Signature: _____

Participant #1

Last Name - Participant	First Name - Participant	Sex: Female Male
Birth Date MM DD YY	Age	Health Card Number
Doctor's Name	Doctor's Phone Number	
Allergies / Medications		
Medical / Behaviour Issues (<i>E.g. emotional/ behavioural concerns, special needs or learning difficulties, asthma, epilepsy, diabetes, heart condition, kidney problems etc</i>)		

Participant #2

Last Name - Participant	First Name - Participant	Sex: Female Male
Birth Date MM DD YY	Age	Health Card Number
Doctor's Name	Doctor's Phone Number	
Allergies / Medications		
Medical / Behaviour Issues (<i>E.g. emotional/ behavioural concerns, special needs or learning difficulties, asthma, epilepsy, diabetes, heart condition, kidney problems etc</i>)		

Permission / Waiver:

- I submit this registration form for March Break Camp 2010 to Durham Deaf Services and hereby give permission for my son or daughter to attend the specified session(s).
- I hereby give Durham Deaf Services March Break 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 expense in dealing with the illness or accident.
- I grant permission from time to time for my child to go on field trips by the Durham Deaf Services March Break Camp to places of interest realizing it is part of the March Break Program as long as I, the parent, have been notified of this trip.
- I give Durham Deaf Services March Break Camp permission to use a visual likeness (*I.e. photograph, video, display etc*) of my child and artwork or other March Break Program projects that may be displayed for media promotion for and by Durham Deaf Services. Yes No
- I understand that Durham Deaf Services reserves the right to withdraw a child or youth from the March Break Program if it is in the best interest of the child or youth or program as a whole.

Parent or Guardian Signature

Date

Office Use Only

Cancellation Date	
Reason	
Refund Issued	
Amount	\$

Total Amount Paid	\$
Receipt #	
Permission to Travel Form Attached	Yes No
Staff Initial	