

Durham Deaf Services Summer Camp 2010



Registration Form

- Refunds will not be issued with less than 14 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 / Behavior Issues (E.g. <i>emotional/behavioral 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 / Behavior Issues (E.g. <i>emotional/behavioral concerns, special needs or learning difficulties, asthma, epilepsy, diabetes, heart condition, kidney problems etc</i>)		

Program Code	Check (✓) Session	Camp Days	Fee \$100/week
Session #1: Splashing Around		July 12 – 16	
Session #2: Our Green Planet		July 19 – 23	
Session #3: Journey to the Edge of the Universe		July 26 – 30	
Session #4: Knights & Maidens		August 3 – 6 <i>(no camp on August 2 – civic holiday)</i>	(\$80)
Session #5: We are the World		August 9 – 13	
Session #6: African Safari		August 16 – 20	

Total: _____

DDS Summer Camp T-Shirt

(\$10.00 each)

Each camper is required to purchase a DDS T-shirt for camp Field Trips.

The \$10.00 cost is **not** included in the Program Session fee.

Please circle the size:

Youth S M L Adult S M L XL

Permission / Waiver:

- I submit this registration form for Summer 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 Summer 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 Summer Camp to places of interest realizing it is part of the Summer Camp Program as long as I, the parent, have been notified of this trip.
- I give Durham Deaf Services Summer Camp permission to use a visual likeness (*ie. photograph, video, display etc*) of my child and artwork or other Summer Camp 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 Summer Camp 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

Total Amount Paid	\$
Cash / Cheque #	
Receipt #	
Permission to Travel Form attached	Yes No
Staff Initial	

Cancellation Date	
Reason	
Refund Issued	
Amount	\$