

## REGISTRATION FORM 2017

**\*PLEASE PRINT CLEARLY – 3 PAGES\***  
**CAMP FEES ARE DUE BEFORE THE SESSION BEGINS**

**CAMPER’S INFORMATION:**

<b>FIRST AND LAST NAME:</b>		
<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>AGE:</b>	
<b>BIRTHDAY:</b> MONTH	DAY	YEAR
<b>ADDRESS:</b>  STREET NUMBER & NAME  APARTMENT NUMBER  CITY & PROVINCE  POSTAL CODE		
<b>HEALTH CARD NUMBER:</b>		
<b>FAMILY DOCTOR’S NAME</b> (first and last):		
<b>FAMILY DOCTOR’S PHONE NUMBER:</b>		
<b>Does your youth have any medical conditions we should be aware of?</b> Example: asthma, allergies, ADHD, etc.		
<b>Does your youth have any dietary restrictions?</b> Example: vegetarian, vegan, etc.		

**DIXON HALL SUMMER SLAM CAMP**



**PARENT/GUARDIAN INFORMATION:**

1.	<b>FIRST AND LAST NAME:</b>	<b>PHONE NUMBER:</b>
2.	<b>FIRST AND LAST NAME:</b>	<b>PHONE NUMBER:</b>

**EMERGENCY CONTACT INFORMATION:**

These contacts will be used if Dixon Hall staff are unable to reach the child's parent/guardian in an emergency and will be expected to come and meet the youth if necessary.

1.	<b>FIRST AND LAST NAME:</b>	<b>RELATIONSHIP TO YOUTH:</b>	<b>PHONE NUMBER:</b>
2.	<b>FIRST AND LAST NAME:</b>	<b>RELATIONSHIP TO YOUTH:</b>	<b>PHONE NUMBER:</b>

**MANDATORY RELEASE:**

Please sign after reading the release.

I, the undersigned, give permission for my youth to participate in ALL Dixon Hall Summer Slam Day Camp related activities and out-of-town trips. I also give permission to Dixon Hall staff to take appropriate action should my child require medical attention.

<b>PARENT/GUARDIAN FIRST AND LAST NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
---	-------------------	--------------

**DIXON HALL SUMMER SLAM CAMP**



**Optional Releases:**

Please check the appropriate boxes where permission is granted.

- I give permission for my child to be photographed and/or videotaped for Dixon Hall's program promotions and records
- I give permission for my child to be photographed and/or videotaped by the media (i.e. TV, newspaper, etc.)

<b>PARENT/GUARDIAN FIRST AND LAST NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
---	-------------------	--------------

**For Office Use Only**