



# MARCH BREAK CAMP

## Registration Form

Days \_\_\_\_\_ or full week: \_\_\_\_\_ Extended Hours: Y N Total fee: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_ Epi-Pen Required: \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your camper have any health conditions that we should be aware of? Please describe:

\_\_\_\_\_

Name of person(s) who can pick up camper:

\_\_\_\_\_

**Media Release Permission-** Game Schooled will often photograph store events. Are you willing to allow photos of your child during camp to be used on our website and Facebook page? Yes \_\_\_\_\_ No \_\_\_\_\_

### Conditions of Enrolment:

1. Game Schooled staff reserves the right to dismiss a camper who in their opinion jeopardizes the safety of themselves or others.
2. Reasonable precautions shall be taken to ensure the health and safety of our campers during the camp, but in the case of accident or sickness Game Schooled Staff and Volunteers are hereby released from any liability.
3. Caregivers will be notified immediately in an emergency. I give permission for Game Schooled Staff to take my child to the nearest medical facility under coverage of OHIP.

I have read and agree to the Conditions of Enrolment.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_