



Triple Threat Summer Camp 2010

REGISTRATION FORM

Please print clearly and deliver it to the registration office by **June 25**.

CHILD'S GENERAL INFORMATION

CAMPERS NAME	GRADE
BIRTH DATE (M/D/Y)	AGE
DOCTOR'S NAME	DOCTOR'S PHONE

PARENT/GUARDIAN INFORMATION

GUARDIAN 1 FULL NAME		
STREET NAME & NUMBER	CITY/PROVINCE	POSTAL CODE
PRIMARY PHONE	WORK PHONE EXT.	SECONDARY PHONE
GUARDIAN 2 FULL NAME		
STREET NAME & NUMBER	CITY/PROVINCE	POSTAL CODE
PRIMARY PHONE	WORK PHONE EXT.	SECONDARY PHONE

EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

PRIMARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION
SECONDARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION

WEEK PREFERENCES

We would like you to rank the sessions in the order that your son/daughter would like to attend, so that if, unfortunately, we have to cancel a session we can put them into their second choice and so on. If your child is planning on attending all sessions, rank all with a 1. If there is a session that your child is not available for, please mark NA.

- Session 1 - July 5-9: _____
- Session 2 - July 12-16: _____
- Session 3 - July 19-23: _____
- Session 4 - July 26-30: _____

PARENT/ GUARDIAN CONSENT

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

_____/_____
Parent/Guardian Signature Date