

PARTICIPANT INFORMATION

Last Name		First Name		Sex
Age	Date of Birth			
Health Card Number				
Medical Information (Allergies, Medications, Special needs)				
Doctor's Name			Doctor's Phone Number	

FAMILY CONTACT INFORMATION

Parent/Guardian Last Name		Parent/Guardian First Name		
Address				
City/Town			Postal Code	
Home Phone		Work Phone		Cell Phone
Email				

EMERGENCY CONTACT INFORMATION

Name	Relation	Phone
Name	Relation	Phone

CHILD CAN BE RELEASED TO (other than parent above)

Name	Relation	Phone
Name	Relation	Phone

CASE SENSITIVE INFORMATION

Please provide any details below that camp staff should be aware of (custody, behavioural, etc)

Permission Statements

Check the boxes the below.

If there are any restrictions on a statements below, do not check the box but provide details below.

- A.** In permitting my child to attend camp operated by the Municipality of Port Hope, Department of Parks, Recreation and Culture, I the undersigned, permit my child to participate in the full range of activities. I authorize the Program Coordinator, or his/her appointee, in the event of accident or illness affecting the above camper, to authorize on my behalf any care deemed essential for the well-being of the child. Such action will be taken only when contact with the undersigned can not be made.
- B.** I understand that any pictures, videos or registration information collected or produced during participation in this program may be used for promotional purposes by the Department of Parks, Recreation and Culture.
- C.** I understand my child may be participating in recreational swimming. Aquatics staff will determine, based on ability, if participants are required to use floatation devices and in what areas my child may or may not swim. My concerns regarding my child's swim ability, if any, are described below.
- D.** I grant permission for my child to board buses for all camp related activities.
- E.** I understand that staff may assist my child with the application of sunscreen.

I agree to the above statements _____ Initial

Parent/Guardian Signature

Indicate the days you would like to register for by checking the box, the hours the child will be in camp, If the child will be going on the trip

Week	Mon	Tue	Wed	Thu	Fri	Trip	Time	Camp Name
July 1-5						Y N		
July 8-12						Y N		
July 15-19						Y N		
July 22-26						Y N		
July 29-Aug 2						Y N		
Aug 5-9						Y N		
Aug 12-16						Y N		
Aug 19-23						Y N		
Aug 26-30						Y N		