

Application

To Pokrova Summer Camp at St. Théodore de Chertsey, QC

SEASON 2017

Camper's Family Name:..... First Name:.....

Date of Birth.....

Complete address:.....

Tel...(.....).....cell phone.(.....).....other.....

Father's name:.....

Tel.:...(.....).....cell phone.(.....).....(ignore if same as above)

Mother's name:.....

Tel.:...(.....).....cell phone.(.....).....(ignore if same as above)

MEDICARE CARD number:.....

Social Insurance Number of a parent who files income taxes:.....

Name of a parent who files income taxes.....

Email (please print):.....

I wish to register my child for the following weeks:
2017

(please check the appropriate boxes)

23/07 - 30/07

30/07 - 06/08

Having taken knowledge of the requirements for campers and understanding fully the information given regarding registration and fees according to information supplied, I do authorize my child/children to partake in camp activities. I also authorize the Camp Administration to take any necessary action in case of emergency.

Les parties consentes a ce que cette entente soit rediger dans la langue anglais.
The parties consent to the drafting of this agreement in the English language.

Date _____

Signature _____

Office use only: method of payment:.....Amount paid.....

Medical Form for Pokrova Summer Camp
must be signed by a Medical Doctor

Camper's Name:.....

Sex: male female age.....

Address:

Telephone...(.....).....

Whom to contact in case of emergency: Name.....

Address:..... tel.(.....).....

Does your child suffer from any of the following?

- Asthma Epilepsy Allergies None
 Diabetes Heart Disorders Others

Please name allergies your child suffers from and any other problems (if any):

.....

Does your child require a special diet? yes no

If yes, which?.....

Does your child require any special medication yes no

If yes, which?.....

Has your child received a Tetanus injection within the last 5 years?

yes no

Family doctor's name:.....tel.(.....).....

Family doctor's license number and signature.....

Doctor's signature is **COMPULSORY**. Without a signature, no camper will be accepted.

I, the undersigned, declare the above information is true and that my child is in good health and able to participate in activities sponsored by the Summer Camp. I authorize the camp administration to act on my behalf in case of emergency. The parties hereby consent to the drafting of this agreement in the English language. Les parties consentent a ce que cette entente soit rediger en anglais.

Date :..... Parent's signature.....