

Parkland Players Fun Day Camp

Registration Form

Child First Name _____ Last Name _____

Date of Birth; (y/m/d) _____

Address: _____

Child lives with: _____ Home Phone: _____

Mother's Name _____ Work # _____ Home # _____

Father's Name _____ Work # _____ Home # _____

Emergency contact Name _____ Phone _____

Swimming Ability: Beginner ___ Safe Swimmer ___ Good Swimmer ___

Family Doctor _____ Phone: _____

Child's Dentist _____ Phone: _____

Care Card #-----

Are there any recent Injuries, Illness, Allergies or Medications:

Who is Authorized to pick up your child: _____

Does anyone have restricted access to your child: _____

Any additional concerns you may have _____

Week: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___

I hereby give consent for my child to participate in Hillcrest & Parkland Players summer Program. In case of an accident or illness, I authorize the Hillcrest & Parkland Players staff to administer treatment. Please be advised that children picked up late will be charged an additional \$ 15 fee per each 10 minutes to cover the wages of staff. Photo release: I hereby give permission to use my son/daughter's photo in Hillcrest & Parkland Players Newsletter.

I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the care facility staff when I cannot be contacted.

Signature _____

Date _____