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**DAY CAMP REGISTRATION FORM**

Telephone: (416) 419 -1910, (437) 352-3336

www.sunnyschools.ca

<b>Students Information</b>			
<b>Students Name:</b>		<b>Prefer Name:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Home Address:</b>		<b>Home Phone:</b>	
<b>Day School:</b>		<b>Grade in September:</b>	
<b>Allergies, health or special behavior needs (e.g. ADHD)</b>		<b>Health Card #:</b>	

<b>Parents Information</b>			
<b>Mother's Name:</b>		<b>Father's Name:</b>	
<b>Cell:</b>		<b>Cell:</b>	
<b>E-mail:</b>		<b>E-mail:</b>	

I am the parent/legal guardian of the person named above and I hereby give permission for my child to participate in the activities of this summer camp and, in the event of an emergency, to receive treatment from a medical practitioner. I understand that the location of the field trips and/or school grounds may be changed pending approval by the relevant trip locales and school boards.

I acknowledge and agree that the Association may take photographs and video/audio recording of the participants therein and use these for promotional purposes or media publication. I hereby waive and discharge this Association, their directors and employees from all claims, costs and expenses in respect to damages or injury suffered, however caused, which may occur as a result of my child's participation in the summer camp in any location where the program is being held.

**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_