
MARCH BREAK CAMP REGISTRATION FORM

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

www.sunnyschools.ca

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

Parents Information			
Mother's Name:		Father's Name:	
Cell:		Cell:	
E-mail:		E-mail:	

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:** _____