



of Rock and Chalk Ltd

Indoor Rock Climbing

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2019 Camp Registration Form

All fields on this form MUST be filled out.

Child and Family Information			
Child's First Name:		Child's Last Name	
Date of birth:	Sex: (M/F)	Phone:	
Current address:			
City:	Province:	Postal Code:	
Health Card #:			
Resides With: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both Parents <input type="radio"/> Guardian			
Primary Contact:		Relationship:	
Name:	Address:	City:	
Day Phone #:	Cell Phone #:	Email:	
Secondary Contact:		Relationship:	
Name:	Address:	City:	
Day Phone #:	Cell Phone #:	Email:	
Emergency Contacts (if primary and secondary contacts cannot be reached) *Must be an adult, 16 years or older, that can assume responsibility for the child.*			
1) Name		Relationship:	
Address:		City:	
Day Phone #:		Cell Phone #:	
2) Name		Relationship:	
Address:		City:	
Day Phone #:		Cell Phone #:	
Authorized Pick Up			
Who will be picking your child up?			
Alternative Pick up: *Name a person(s) 16 years of age or older who can pick up child (if applicable) other than primary or secondary contacts.*			
1)		Relationship:	
2)		Relationship:	
Any custody issues we should be made aware of?			
Individual Camper Information (indicate if camper experiences or has experienced any of the following)			
Allergies: <input type="radio"/> Yes <input type="radio"/> No		Epi-Pen: <input type="radio"/> Yes <input type="radio"/> No	
If yes, indicate allergy type:			
Medical: (I.e. Vision/Hearing/Seizures/Diabetes/Mobility)		<input type="radio"/> Yes <input type="radio"/> No	
If yes, indicate medical details:			
Asthma: <input type="radio"/> Yes <input type="radio"/> No		Inhaler: <input type="radio"/> Yes <input type="radio"/> No	
Currently taking medication? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate type:			

Will medication be given at camp? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate type and times:		
If camper requires medication at camp please fill out the "administration of medication" form.		
Developmental/Learning: (is. ADD/ADHD/Autism/Delays) <input type="radio"/> Yes <input type="radio"/> No		
If yes, please provide details:		
Does your child require any additional assistance? <input type="radio"/> Yes <input type="radio"/> No (Day camp maintains group ratios of 1:5)		
If yes, indicate if there is anything we should know about relationships, learning abilities, etc.:		
Is the camper immunized? (if no please attach copy of exemption) <input type="radio"/> Yes <input type="radio"/> No		
Any dietary or exercise restrictions? <input type="radio"/> Yes <input type="radio"/> No		
If yes, indicate restrictions:		
Does your child require a life jacket when swimming in the shallow end? <input type="radio"/> Yes <input type="radio"/> No		
If you would like your child grouped with other children who will be attending the same week please give their name(s):		
Group With:		
Authorization		
I have read the policies and procedures in the camp day program information provided and agree to comply as specified. My child is able to participate in a full range of activities as described in the summer camp program. I give consent that medical treatment be given in the event of an emergency and I consent that any photographs or videos taken during the Of Rock and Chalk summer camp or extreme camp session may be used for promotional purposes. I understand my child is required to bring and apply their own sunscreen and bug spray (optional). I will not hold Of Rock and Chalk responsible for lost or stolen items and I will not hold Of Rock and Chalk, its staff or volunteers responsible for accidents which may occur. I understand the legal obligation for staff to report any suspected abuse. I understand that Of Rock and Chalk may decline a child due to physical/or verbal aggression towards staff or other children or if the safety of the child and/or others is at risk.		
Signature of Primary Contact: _____		
Signature of Secondary Contact (if applicable): _____		