

**Fallbrook Trail Ranch** 14097 Ninth Line Georgetown, ON L7G 4S8 (905) 873-6588

# REGISTRATION FORM

Childs Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Health Card # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ to receive news, updates and special offers

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates child is attending camp From: \_\_\_\_\_ To: \_\_\_\_\_

\*Day Camp

I give my permission for my child to participate in the full ranch program and all activities unless specifically advised otherwise in writing. I agree that having such precautions as are in your discretion deemed advisable you shall not be held responsible for any accident or sickness to my child. If for any reason my child requires medical attention or special medication beyond that furnished by the camp I agree to be responsible for any additional expenses incurred. To the best of my knowledge my child is in good health and has not been exposed to any infectious diseases between now and the time of departure for camp, I understand the camp must be notified if such is the case. In case of surgical emergency and if we are not immediately available for consultation I hereby give permission to the physician selected by the camp representative to hospitalize secure proper treatment and to order injections, anaesthesia or surgery for my child as named above.

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

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