

Student's Consent

We must have confirmation of the following:

I (student name- please print) _____
have read and understood and will comply with all the expectations in the Student Guide-
lines for attending Camp Enterprise

Student Signature: _____

Date: _____

Completion of this section is required in order to be considered for admission to Camp Enterprise

PARENT INFORMATION AND CONSENT

Please have a Parent or Guardian complete all of the following

I the undersigned parent or legal guardian of the above signed student herewith agrees to the participation of this student and waive and forever discharge any and all rights and claims for damages on behalf of the above signed student, or which may accrue against the organizing Rotary Clubs and/or Crieff Hall and their respective officers and members for any illness or injury which may be sustained and suffered by the above student with or arising out of participation in Camp Enterprise. I have read and understood all the guidelines in Part 2 (Student Guidelines for attending Camp Enterprise)

Photos &/or video taken at the Camp may be used for future promotion of Camp Enterprise.

Parent/ Guardian Name: (Please print) _____

Signature, Parent/Guardian: _____

Parent/Guardian Daytime phone: _____

Parent/Guardian Night phone: _____

Parent/Guardian Cell phone: _____

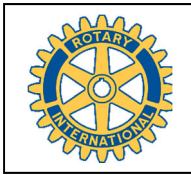
Parent/Guardian email: _____

Medical Consent

OHIP # _____ (Bring **OHIP card to camp)**

In case of sudden illness or accident of my child, I hereby authorize Rotary organizers to take my child to the nearest public hospital for emergency treatment.

Signature Parent/Guardian _____ Date: _____



ROTARY CAMP ENTERPRISE

Clubs: Burlington Oakville
 Burlington-Central Oakville-Trafalgar
 Burlington-Lakeshore Oakville-West

Visit us @ www.rotarycampenterprise.ca

Application to Attend "Camp Enterprise"

Part 1

PLEASE PRINT ALL INFORMATION

Name: _____
 Address: _____
 Town/City: _____
 Postal Code: _____
 Home Telephone: _____
 My School: _____ Grade: _____
 My E-mail Address: _____
 School Contact Person and School Phone #: _____

I am: — Female — Male

My First Name for my Badge: _____

YOUR HEALTH STATUS

1. Do you have any special Diet Restrictions? YES NO

Any current health problems of which we should be aware? YES NO

2. Do you require any special medication or medical care? YES NO

