

A Rocha Brooksdale Environmental Centre
Spring daycamp Registration Form*
March 19-20, 2015 9:00am-3:00 pm

*Please fill out and sign a separate form for each child and email back to us at canada.kids@arocha.ca (preferred) or bring to program.

PERSONAL AND CONTACT INFORMATION:	
Child's Name:	Birthday:
Med ID#:	Age:
Current Grade :	School:
Parents/Guardians: (Primary caregivers)	Home/Cell Phone:
Home Address:	Work Phone:
City:	Postal Code:
Additional Parents/Guardians: (Please complete if you child will sometimes be staying with another parent/guardian we may need to contact.)	
Additional Parents/Guardians Phone:	
Emergency Contact: (This should be someone other than the Parents/Guardians listed above at this number will be used if they cannot be contacted.)	
Emergency Contact Phone:	
Family Doctor & Doctor's Phone:	
Medical conditions (or allergies), medications:	
Please list any other information our staff need to know about your child (i.e. behavioural challenges, learning disabilities):	

I give permission for my child to participate in the activities organized by A Rocha Canada.
 In the event of a medical emergency, I understand that an effort will be made to reach me. However, I do give permission for the staff of this program to authorize emergency medical care for my child.
 I understand the risks involved in this program and that the staff will exercise all reasonable care for my child. I will not hold A Rocha Canada or other co-operating organizations, their staff or representatives, responsible for injuries that occur to my child.
 I understand that A Rocha Canada's programs include some Christian content.
 I understand that A Rocha Canada is not responsible for my child until and unless they arrive at the program site.

Parent's Name (Please Print)	Signature	Date
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I give permission for my child's image and name to appear in A Rocha Canada promotional materials or newsletters.

Parent's Initial <i>(optional)</i>
