



*****SUMMER CAMP TROPICANA 2017*****

CELEBRATE Canada's 150th Anniversary **In a Special Way**

Camp location: 30 Washburn Way, Scarborough, ON M1B 1H3, Canada

JULY 4TH TO AUGUST 11TH, 2017

PARTICIPANT INFORMATION		
FIRST NAME:		LAST NAME:
GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		NAME OF SCHOOL:
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/20____	HOME ADDRESS:	
CITY:	POSTAL CODE:	APT #:
E-MAIL: (PLEASE PRINT CLEARLY)	HOME PHONE:	CELL PHONE:

INTEREST/ACTIVITIES

TYPES OF ACTIVITIES THAT FASCINATES YOUR CHILD: <input type="text"/> <input type="text"/>	TYPES OF ACTIVITIES YOUR CHILD DOES NOT ENJOY: <input type="text"/> <input type="text"/>
HOW DID YOU LEARN ABOUT THE PROGRAM: REFERRED INTERNET FLYER OTHER (SPECIFY) <input type="text"/>	MY CHILD ENJOYS WORKING: <input type="checkbox"/> ALONE <input type="checkbox"/> IN GROUP <input type="checkbox"/> UNDECIDED

PARENT/GUARDIAN AND EMERGENCY INFORMATION

PARENT/GUARDIAN'S FULL NAME:	OTHER EMERGENCY CONTACT FULL NAME(S):
ADDRESS (IF DIFFERENT FROM PARTICIPANT'S)	EMERGENCY CONTACT PHONE NUMBER:
CITY:	POSTAL CODE:

PLEASE NOTE THAT WE RUN OUR CAMP IN A PEANUT-FREE ENVIRONMENT!

CONTINUE OVERLEAF

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PARENT/GUARDIAN'S PHONE NUMBER:	PARENT/GUARDIAN'S BUSINESS PHONE NUMBER:
MEDICAL INFORMATION:	
NAME OF CHILD'S DOCTOR:	DOCTOR'S TELEPHONE NUMBER:
IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE? <input type="checkbox"/> NO <input type="checkbox"/> YES OTHER SPECIAL NEEDS <input type="text"/>	DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE? YES NO IF YES , SPECIFY:
DROP OFF AND PICK-UP INFORMATION:	
IS THE CHILD PERMITTED TO GO HOME ON HIS/HER OWN? NO YES	
PLEASE INDICATE THE NAME/RELATIONSHIP OF THE PERSON(S) WHO WILL NORMALLY PICK UP THE CHILD: NAME: _____ RELATIONSHIP: _____ NAME: _____ RELATIONSHIP: _____	

PLEASE READ THIS SECTION THOROUGHLY BEFORE SIGNING!

****PARENT/GUARDIAN CONSENT****

- ACTIVITY PERMISSION:** Permission is granted for my child to participate in all program activities, unless I advise you otherwise, in advance, in writing.
- MEDIA RELEASE:** I hereby consent and grant permission that **Tropicana Community Services, their event partners and respective media representatives** may take pictures, videotape or digitally record my child while he/she is engaged in their program activities and also authorized to use these for any promotional outreach or advertising purposes. **(IF YOU DO NOT CONSENT TO THIS FOR WHATEVER REASON, PLEASE INFORM US ABOUT YOUR OBJECTION)**
- PROVISION OF CARE/EMERGENCY:** I have provided **Tropicana Community Services** with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize **Tropicana Community Services Organization** to secure medical care for my child. I hereby waive any claim against **Tropicana Community Services Organization, event partners, volunteers and/ or their staff** which may arise from any injury my child may incur as a result of his/her participation in program activities.
- TRANSPORTATION/SCHEDULE:** I will be responsible for getting my child to the camp site on time between 7:30 and 9:00am and picking him/her up latest by 5:30pm. I will also provide my child with the necessary supplies, as may be required.
- FOOD PROVISION:** I will supply my child with adequate food/snacks and drinking substance on a daily basis as my child may require.

Signature of Parent/Guardian

_____/_____/20_____
Date (Day/Month/Year)