

# CAMPER REGISTRATION FORM – ONE PER CHILD

PLEASE COMPLETE AND RETURN TO CJ's SKATEPARK BEFORE THE FIRST DAY OF CAMP

**CAMP DATE**

FROM: \_\_\_\_\_  
DAY / MONTH / YEAR

TO: \_\_\_\_\_  
DAY / MONTH / YEAR

## CAMPER INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_  
DAY / MONTH / YEAR

CAMPER'S AGE (AS OF THE FIRST DAY OF CAMP): \_\_\_\_\_

NEW CAMPER

RETURNING CAMPER

GENDER: MALE  FEMALE

CAMPER LIVES WITH: BOTH PARENTS  MOTHER  FATHER  GUARDIAN(S)  OTHER

**PARENT/GUARDIAN #1** MR.  MRS.  MS.  MISS  DR.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL. (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PARENT/GUARDIAN #2** MR.  MRS.  MS.  MISS  DR.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL. (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

**In keeping with our commitment to help protect the environment, we are moving away from paper in favour of email correspondence for sending out receipts and information. It's faster for you and better for the environment.**

Please check this box if you wish to receive a monthly newsletter about our upcoming events and promotions.

**ALTERNATE PICK-UP AUTHORIZATION** *(If this information changes please advise staff in writing as soon as possible.)*  
**In the event I am not able to pick up my child, he/she has my permission to leave with the following individuals: (Please note photo ID may be required.)**

**#1** FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TEL. (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

**#2** FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TEL. (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TEL. (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

ANY ALLERGIES OR MEDICAL INFORMATION WE SHOULD BE AWARE OF? YES  NO   
DOES YOUR CHILD REQUIRE AN EPIPEN®? YES  NO

**IF YOU ANSWERED YES TO EITHER OF THESE QUESTIONS, YOU MUST COMPLETE THE EMERGENCY ALLERGY ALERT PHOTO ID FORM.**

**PLEASE CHECK ( ✓ ) YES OR NO IN THE APPROPRIATE BOX**

I give permission for my child to sign IN at the scheduled program time. YES  NO   
I give permission for my child to sign OUT at the scheduled program time. YES  NO

**I understand that registration forms cannot be processed unless signed and accompanied by payment.**

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_  
          DAY / MONTH / YEAR