

Camp Delfin Registration Form 2017

Camper's First Name: _____ YYYY MM DD
 Camper's Last Name: _____ Birth date: ____ / ____ / ____
 Street Address: _____
 City: _____ Postal Code: _____
 Email Address (Mandatory. Please Print): _____
 Phone Numbers – Home: _____ Cell: _____ Cell: _____
 Parent's Comments: _____

HEALTH INFORMATION

OHIP #: _____ All immunizations up to date: YES NO
 Is the camper under treatment or medication for any illness, condition or injury? YES NO
 If yes, will this condition limit or affect participation in activities? (Please explain below or attach letter)

OTHER HEALTH ISSUES: Please check beside any concerns:

Diabetes Epilepsy Heart Disease Asthma Kidney Trouble Bed Wetting

Emotional Concerns: _____

Other Concerns: _____

Allergies (Include Drugs, Food & Other) _____

Family Physician's Name, Address, and Phone # _____

SESSION NUMBER	DURATION	DOWN PAYMENT	SECOND PAYMENT
<input type="checkbox"/>	I	July 1- 8	255.00 CAD
<input type="checkbox"/>	II	July 9 - 22	455.00 CAD
<input type="checkbox"/>	III	July 30 - August 5	245.00 CAD
<input type="checkbox"/>	IV	August 6 - 12	245.00 CAD

PAYMENT BY CHEQUE: 1st Cheque With Today's Date, 2nd Cheque Dated June 1st, 2017, Mail to Address at Bottom of Page - Please Make Cheque Payable to "DELFIN INC"
BOTH CHEQUES MUST BE MAILED WITH THIS REGISTRATION

WAIVER AND EMERGENCY AUTHORIZATION – PLEASE PRINT AND SIGN BELOW

I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement. As a parent I agree to publish pictures of my child in all forms of Camp advertisement materials. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Delfin coach responsible to hospitalize, secure proper treatment for, order injection, surgery for the person named above.

Date: _____ Parent's Signature: _____

FOR OFFICE USE ONLY Phoned Enlisted OK E-mailed

DELFIN INC. 096182 - 4th Line South West Melancton, ON L9V 2B9	TEL: 519-925-2075 CEL: 416-509-7104 Email: ciejek@gmail.com www.campdelfin.com
---	--