

CKCU Radio Camp Registration Form

Parent Information

Primary Parent/Guardian Contact Alternative Parent/Guardian Contact

Name: _____

Name: _____

Address Information

Address: _____

Province: _____

City: _____

Postal Code: _____

Contact Information

Contact Information will be assumed to be for the Primary Parent/Guardian.

Home Phone: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Emergency Contact Information

The Emergency Contact Person is an alternative person we may try to contact in the event of an emergency, should we be unable to contact the Parent(s)/Guardian(s)

Full Name _____

Phone _____

Camper Information

First Name: _____

Last Name: _____

Birthdate (Y-M D): _____

Allergies and/or Medical Conditions:

Behavioral Conditions:

Health Card Number (optional):

By signing below, I hereby release CKCU and its respective officers, employees, and agents from and against all claims, actions and expenses which may result from or be in any way related to my child's (or children's) participation in the CKCU Radio Camp. During the camp it is possible that CKCU will photograph and/or include my child in a video filmed during camp. Please inform the staff if you do not wish photographs or film of your child to be used for promotional material

Parent/Guardian Name (please print)

Signature

Date