

## Kenjgewin Teg Science Camp Registration Form

**Please indicate the location & dates of the camp you are registering for:**

\_\_\_\_\_

**Participant Information:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: Male - Female      Age: \_\_\_\_\_

Name of Community you are from: \_\_\_\_\_

**Contact for Camp Information:** *\*Communications will primarily be sent by email, so please list an email address if you have one.*

Parent / Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_

**Primary Emergency Contact Information:** Same as Above? Yes / No

*\*If the first emergency contact differs from the person to whom camp communications should be sent, please list their name and contact information below.*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Daytime Phone #: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Emergency Contact Information:** *\*Please include a second emergency contact.*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Daytime Phone #: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

#: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information:** Health Card Number: \_\_\_\_\_

Does child have any existing medical conditions or special needs which would affect their ability to participate?  
Yes / No

If yes, please explain:

\_\_\_\_\_

Does child have any allergies? Yes / No    If yes, please explain:

\_\_\_\_\_

**Agreement to Participate Waiver** I understand that off-site field trips may be part of the camp agenda. I hereby give my son/daughter permission to participate in all sanctioned events. I grant permission for my son/daughter to be bussed to off-site locations.. I have read and understand the rules and conditions of participation as set out on this form and I agree to them.    Yes / No