



JACK PURCELL RECREATION ASSOCIATION CAMPS REGISTRATION FORM

NAME OF CAMP(s) (Attending): Christmas Camp March Break Camp
 P.A. Day Summer Camp

GENERAL INFORMATION

Child's Name _____ Date of Birth _____ Age ____ Sex M F

Address _____ Postal Code _____

Alternate Address _____

_____ Postal Code _____

Parent Name _____ Telephone (H) _____

Telephone (W) _____ Cell _____ E-mail _____

Parent Name _____ Telephone (H) _____

Telephone (W) _____ Cell _____ E-mail _____

Guardian's Name _____ Telephone (H) _____

Telephone (W) _____ Cell _____ E-mail _____

EMERGENCY CONTACT

Name _____ Relationship to Child _____

Telephone (H) _____ (W) _____ Cell _____

HEALTH INFORMATION

Family Physician _____ Telephone _____

Ontario Health Card No. _____

HEALTH CONCERNS

Does your child have any health problems that staff should be aware of? (Please explain, i.e., asthma, allergy, etc.)

Will your child be taking medication? Yes ____ No ____ Please explain

(If so, please fill out a Request for Administration of Medication Form.)

OTHER PERTINENT INFORMATION

*PLEASE SEE REVERSE FOR WAIVER

Is there any other pertinent information regarding your child that staff may need to be aware of: _____

What time is your child expected to arrive at the centre on a daily basis? (We will be contacting you if your child is absent at that time): _____

- My child will be dropped off walk here

- My child will be picked up walk home

- Who is authorized to pick up your child? Attach additional sheets if necessary with signature and date. Please list the names of everyone including yourself:

WAIVER

(a) One of the security features of our program is to have a **photo of your child** attached to their file. I, _____, hereby give permission for my child, _____'s photograph to be kept on their file for the sole use of the Jack Purcell Recreation Association's (JPRA) Summer Camp Program, P.A Day, Christmas Camp and March Break Camp. I have full authority to grant this permission and I can also withdraw my permission at any time by notifying the program coordinator in writing.

(b) I agree to let my child _____ attend the Jack Purcell Recreation Association Summer Camp, P.A. Day, Christmas Camp and/or March Break Camp. I agree to waive any claims on the Jack Purcell Recreation Association (JPRA) and the City of Ottawa, or any of its agents, in the event of any injury that may be sustained by my child while attending or taking part in activities, trips or excursions during times specified and as organized by JPRA in conjunction with the City of Ottawa. I understand and agree that, in case of an emergency, if I am not available for consultation, staff have permission to hospitalize and secure proper treatment for my child.

Signature of Parent or Guardian _____ **Date** _____
