



IQALUIT SUMMER CAMP 2010
REGISTRATION FORM
PLEASE PRINT ALL INFORMATION



- 1 -

CAMPER INFORMATION

CAMPER'S FIRST NAME: _____ LAST: _____

AGE: _____

DOB: ____/____/____
 M D Y

ADDRESS: HOUSE: _____ HOUSE # _____ BOX # _____

HEALTH CARD NUMBER: _____

MEDICAL HISTORY

ALLERGIES YES _____ NO _____

IF YES, PLEASE DESCRIBE: _____

MEDICATIONS YES _____ NO _____

IF YES, PLEASE DESCRIBE: _____

ADDITIONAL INFORMATION: _____

PARENT INFORMATION

NAME: _____

PHONE – DAY: _____ EVENING: _____

EMAIL: _____

PLACE OF WORK: _____

ALTERNATIVE CONTACT INFORMATION

IN CASE WE ARE UNABLE TO CONTACT PARENT

NAME: _____

PHONE – DAY: _____

PLACE OF WORK: _____



IQALUIT SUMMER CAMP 2010
REGISTRATION FORM
PLEASE PRINT ALL INFORMATION
- 2 -



ADDITIONAL INFORMATION

WILL YOUR CHILD REQUIRE SUPERVISION DURING LUNCH YES _____ NO _____

Children cannot be dropped off prior to 8:30am and must be picked up no later than 5:30pm. Failure to pick up your child on time on three separate occasions will result in his or her dismissal from Summer Camp.

REGISTRATION INFORMATION

PLEASE INDICATE THE EXACT DATES IN WHICH YOUR CHILD WILL BE ATTENDING SUMMER CAMP.

FROM: _____ TO: _____

OF WEEKS: _____ FEES PAID: _____ STAFF INITIALS: _____

PAYMENT INFORMATION

Registration fee \$25 /child per week
(\$200 for full summer)

CASH
CHEQUE
VISA
MASTERCARD _____
Paid

Name

Signature

VISA OR MASTER CARD Number

Expiry Date

PARENT SIGNATURE

DATE



IQALUIT SUMMER CAMP 2010
REGISTRATION FORM
PLEASE PRINT ALL INFORMATION



- 3 -

City of Iqaluit Waiver

Version for the Iqaluit Summer Day Camp June 28- August 20, 2010

I, (*full name of parent/guardian*) _____, in consideration of my child (*name of child*) _____'s voluntary participation in the Iqaluit Summer Day Camp in Iqaluit, NU, including all activities planned throughout the City of Iqaluit, hereby release and forever discharge the City of Iqaluit and its coaches, volunteers, officers, directors, employees, servants, agents, contractors, successors, heirs, executors, administrators and assigns from any liability and waive any claims, recourses, rights of action and demands of every kind arising out of or in any way related to or connected with the City of Iqaluit including those involved in travel to and from the Activity Sites throughout the City of Iqaluit and waive all rights and all liabilities for personal injury or property loss whether occurring prior to, during or subsequent to the Iqaluit Summer Day Camp activities whether caused by the City's negligence or otherwise.

I agree not to make any claim or to commence or maintain any action or proceeding against the City of Iqaluit

I further waive and release the City of Iqaluit and agree to save harmless and indemnify the City of Iqaluit for any liability incurred by the participants of the Iqaluit Summer Day Camp as a result of any claim brought against the City by my heirs, survivors, dependants, executors, administrators and assigns, including derivative or subrogated claims whether or not brought by my insurer(s), for personal injury or property loss whether occurring prior to, during or subsequent to the Iqaluit Summer Day Camp activities whether caused by the City's negligence or otherwise.

This indemnity extends to all losses, damages, costs (including legal costs), charges and expenses arising from any such claim(s).

Signature of Parent/Guardian

Print Name

Date



IQALUIT SUMMER CAMP 2010
REGISTRATION FORM
 PLEASE PRINT ALL INFORMATION
 - 5 -



Medical Release Form

Date: _____

I, _____ hereby give authorization to the staff at the
 City of Iqaluit Summer Day Camp 2010 to administer medication to (child's name)
 _____.

Please fill out the following information:

Type of Medication:	_____
When to administer:	_____
Frequency:	_____
Please give details:	_____

For Allergies, please describe the type and the severity of the allergy as well as
 the treatment required if a situation comes up:

Additional comments:

Signature of Parent/Guardian: _____

Date: _____

Witness: _____

Date: _____

