



Rideau Hill Family Camp Registration Form

Name of Participant: _____ Sex: M/F ___ Date of Birth: _____
Address: _____ Town: _____
Postal Code: _____ E-Mail: _____
Phone (H): _____ Phone (O): _____ Phone (C): _____

Are there any health conditions which staff should be aware of (i.e. allergies, medications, epi-pen, seizures, behavioural issues, etc.)? No Yes (please provide staff with specific information)

Health Card #: _____ Doctor's Name: _____

Name of Participant: _____ Sex: M/F ___ Date of Birth: _____

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Postal Code: _____ E-Mail: _____
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If diff.
from
above

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To my knowledge, the individuals included on this registration form have no health impairments, which might interfere with or preclude my/their participation in any physical activities, seminars, provisions, etc. that may be included in the Rideau Hill Family Day Camp . With respect of such participation, I hereby waive any and all claims for injury, loss or damage which may be suffered by the applicants listed on this registration form or which may arise from any physical defect, infirmity or incapacity known to me insofar as the Township of North Dundas, its employees, affiliate groups, or agents may be found liable or responsible for any injury or loss sustained by the individuals listed on this form.

Signature of parent/guardian _____ Date: _____