



SAGKEENG CHILD & FAMILY SERVICES INC.

2017 Spring Camp June 9, 10, 11, 2017

Lone Island Lake, Whiteshell Provincial Park

Registration & Waiver Form

Registration form

Participants Information	D/O/B	Gender	Medical # 9 digits & 6 digits
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

Other important information e.g. food allergies

Parent or Guardian Name _____

Home #: (_____) _____ Cell #: (_____) _____

1) Emergency Contact Name: _____ Relationship: _____
 Home #: (_____) _____ Cell #: (_____) _____

2) Emergency Contact Name: _____ Relationship: _____
 Home #: (_____) _____ Cell #: (_____) _____

Waiver and consent form

Medical

Does Camper have special needs, medical conditions or allergies you would like us to know about: YES

NO

If yes, please list below (specify if your child carries an epi-pen-please ask for a medical form if your child requires daily medication or has severe allergies)

Sunscreen

My child is unable to properly apply sunscreen to him/her. My child will need the assistance of an adult to apply his/her sunscreen.

My child is able to apply sunscreen himself/herself

Authorization for Field Trips

I give permission for my child to leave with **Sagkeeng Child and Family Services Prevention Service Day/Cultural Camps** to participate in trips. I give permission to the staff of **Sagkeeng Child and Family Services Prevention Service Day/Cultural Camps** to take my child to all scheduled trip locations for the 2016 Day/Cultural Camp program. I give the staff permission to take my child on trips to local parks, playgrounds and swimming at the beach, medicine/berry picking, and cultural activities, cultural teachings. I agree that my child may be transported to programming by **Sagkeeng Child and Family Services Prevention Service Day/Cultural Camps**. I understand that my child will be escorted and supervised by the staff of **Sagkeeng Child and Family Services Prevention Service /Cultural Camps** while participating in these activities.

Photography, Media Release & Waivers:

I hereby give **Sagkeeng Child and Family Services Prevention Service Day/Cultural Camps** consent to use and reproduce my child's image for program brochures, posters, or used for other educational/fundraising purposes.

I, the parent/guardian of the child named above give permission for such child to participate in the programs and activities of **Sagkeeng Child and Family Services Prevention Service Day/Cultural Camps**, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against **Sagkeeng Child and Family Services Prevention Service Day/Cultural Camps** and programs.

I have read and understand the registration and waiver form.

Parent/Guardian

Signature _____

Date _____