

CAMP JCC 2021 REGISTRATION FORM

Please complete form below in its entirety

Child's First Name _____

Child's Surname _____

Date of Birth _____ Age _____ Grade in Sept.2021 _____

Name of Parent(s) / Guardian(s) _____

Email* _____

Work/Cell Phone _____ home phone _____

Emergency Contact Name (Not parent or guardian) _____

Emergency Contact Phone (Not parent or guardian) _____

Child's Allergies (if any) _____

Medications _____

Medical Condition(s) _____

I hereby authorize Calgary JCC to administer / obtain emergency medical treatment and / or First Aid for my child if deemed necessary. yes no

I hereby authorize and release liability for the Calgary JCC to transport my child to and from off-site activities. yes no

By checking the box, I do not give Calgary JCC staff my permission to take photographs and / or videos of my child while attending the summer camp.

By checking the box, I do not give Calgary JCC staff my permission to apply sunscreen on my child in the event that they do not have their own.

Parent / Guardian's Signature _____

Payment Method Cash Credit Card Cheque (payable to Calgary JCC)

Name on Credit Card _____

Credit Card Number _____

Credit Card Expiry _____ CVV _____

**Email is required to receive camp newsletters and schedules.*