

# CAMP JCC 2022 REGISTRATION FORM

Please complete form below in its entirety

Child's First Name \_\_\_\_\_

Child's Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Sept.2022 \_\_\_\_\_

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 Paperny Family 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 JCC to transport my child to and from off-site activities.  yes  no

By checking the box, I do not give 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 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 Paperny Family JCC)

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Expiry \_\_\_\_\_ CVV \_\_\_\_\_

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