REGISTRATION FORM - PART 1 - CHAMPDORÉ YOUNG CHAMPIONS CAMP

Child information:	
Child's full name :	
	/
Gender:	
Medicare number :	
	aal conditions or medications currently taken by the
child:	
Parent/Guardian Infor	mation :
Full name of parent/guardian	n:
Relationship with child :	
Mailing address:	
Telephone number :	
Home:	Cell:
E-mail :	
Full name of parent/guardian	n :
Relationship with child :	
Mailing address:	
Telephone number :	
Home:	Cell:
E-mail :	



Emergency contact information:

Emergency contact name:	
Phone number :	

Consent and release forms:

YES / NO

Authorization to administer over-the-counter medications (e.g. painkillers)	
Authorization to apply sunscreen or insect repellent	
Permission to photograph or film the child for promotional purposes	

Camp Dates: Please select the weeks your child will attend camp.

A) Champdoré Resident: 125\$/week (Holiday: 100\$/week)

B) Others: 150\$/week (Holiday: 125\$/week)

Selection (X)	Dates	Price
	The Adventurers of Nature (Week 1: 14-18 July)	A) 125\$ B) 150\$
	Magic and Sorcery (Week 2: 21-25 July)	A) 125\$ B) 150\$
	A Trip Into Space (Week 3 : 28 July - 1 August)	A) 125\$ B) 150\$



REGISTRATION FORM - PART] - CHAMPDORE YOUNG CHAMPIONS CAMP

Superheroes In Action (Week 4: 5-8 august) *no camp on the 4th of august (monday)	A) 100\$ B) 125\$
I'm Traveling The World (Week 5 : 11-15 August)	A) 125\$ B) 150\$

A)	_weeks X 125\$	+	weeks X 100\$ =
B)	weeks X 150\$	+	weeks X 125\$ =

Signatures:

Signature of the parent/guardian acknowledging the accuracy of the information provided and agreeing to have read and understood the general conditions and camp policies.

I have read and understood the camp's rules of conduct, and I agree to explain them to my child. I understand that inappropriate behavior may result in my child's dismissal from camp without refund.

Parent/Guardian:	Date:
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*All of this information will only be seen by camp directors. No information of your child or you will be shared or disgusted outside the camp.

