

# JUNIOR CLINIC REGISTRATION FORM

Camper Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number : (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

## Contact Information

Parent/guardian: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact is same as above

## Medical Information

Does your child have any medical conditions we should be aware of? If yes, please explain.

Health Card #: \_\_\_\_\_

Does your child require medication to be administered during the camp day?  Yes  No  
(If yes, please notify your child's camp supervisor as there are additional forms to be filled out)

## Pick-Up Information

**Adults permitted to pick-up from Camp** (Note: You must sign your child in/out of camp each day or if your child is 10 years of age or over you can write a note giving permission for your child to sign themselves in/out.)

Pick-up information is same as contact information section

1. Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cost: \$105 (members) \$125 (non-members)

Please indicate which session(s)/time(s) you would like to attend:

Wednesdays

Start: May 1<sup>st</sup>

End: June 12<sup>th</sup>

Time: 4-5pm

Wednesdays

Start: May 1<sup>st</sup>

End: June 12<sup>th</sup>

Time: 5-6pm

Method of payment (cash or cheque):

\*\*Checks must be made out to Robert Perri

\*\*No refunds unless cancellation occurs a week prior to camp

I understand that Robert Perri does not assume or accept responsibility for expenses resulting from loss or injury sustained while engaged in any activity, whatsoever, on or off premises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The personal information on this form is collected and used for emergency purposes only and will be kept confidential.*