



Kids Kamp Too! Registration

Camper's name: _____

Camper's address: _____

City: _____ PC: _____ Age: _____ DOB: _____

T-Shirt Size: **Child:** SM MED LG XL **Adult:** SM MED LG XL

Camper's favorite activities: _____

Parent/guardian name: _____

Home#: _____ Bus#: _____ Cell#: _____

Emergency Contact

Name: _____ Relationship: _____ Contact#: _____

Medical Information

Camper is : ambulatory a wheelchair user

Diagnosis: _____ Physician: _____ #: _____

Health card #: _____ Medication: _____

Allergies: _____ Epi pen: yes no

Other important information: _____

Dates attending camp: _____ Camp operates July 9-13, July 16-20

Total days: _____ X \$30.00 = \$ _____ **Entire camp: \$300.00**

Payment: Cheque Cash All for Kids Easter Seals Recreational Choices program

*** Payment due at time of registration or prior to start of camp**

***** Children needing direct one to one support for activities must attend camp with a support worker *****

In permitting my son/daughter _____ to attend the Family Support and Resource Network camps, operated by the Family Support and Resource Network, I the undersigned permit my child to participate in the full range of camp activities and authorize FSRN staff, in the event of an accident or illness affecting the above named, to authorize on my behalf all procedures including admission to hospital and necessary treatment therein, as deemed essential for the care and well-being of the said camper. Such action to be taken only when immediate contact with the undersigned cannot be made.

Date: _____ Signatue: _____

All cheques payable to the Family Support & Resource Network. Please send completed applications and payment to 143 Wellington Street West, Suite 104, Chatham, Ontario, N7M 1J5. For further information contact the Network at 352-7827.