



PD Day Camp Registration 2019

Last Name:	
First Name:	
Date of Birth:	Age:
Gender: M/F	

Cost: Member, \$40; Non-Member, \$50

Please Circle: Member/Non-Member

Please Circle:

February 1st

April 5th

June 7th

June 28th

Parent/Guardian Information

Name	Relationship to child
Home Number	Cell Number
Address	Email

Name	Relationship to Child
Home Number	Cell Number
Address	Email

Emergency Contact Information

Name:	Relationship to child:
Home Number:	Cell Number:
Address:	Email:

Medical Information

Doctor:	Phone Number:
City:	Health Card Number:
Allergies:	
Medical Issues:	
Medications:	
Additional Information:	

Emergency Consent

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO NEAREST EMERGENCY SERVICE CENTRE BY THE STAFF OF SARNIA RIDING CLUB DAY CAMP WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

SIGNATURE _____ DATE _____

Media Release

DURING DAY CAMP, WE WILL TAKE PICTURES/VIDEOS OF THE CHILDREN DOING FUN ACTIVITIES. THESE PHOTOS MAY BE USED FOR PROMOTIONAL PHOTOS ON THE WEBSITE AND PUBLICATIONS SUCH AS: NEWSPAPER, FLYERS, PAMPHLETS AND POSTERS. WE REQUIRE YOUR PERMISSION TO TAKE SUCH PHOTOS/VIDEOS. WE RESPECT YOUR WISHES IF YOU CHOOSE TO NOT HAVE YOUR CHILD PHOTOGRAPHED/TAPED. **PLEASE SIGN EITHER YES OR NO.**

YES, I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND FOR IMAGES TO BE CAPTURED THROUGH PHOTO OR VIDEO TO BE USED FOR PURPOSES OF PROMOTION OF THE SARNIA RIDING CLUB.

SIGNATURE _____ DATE _____

NO, I DO NOT GIVE PERMISSION FOR IMAGES OF MY CHILD TO USED FOR PURPOSES AND PROMOTION OF THE SARNIA RIDING CLUB.

SIGNATURE _____ DATE _____