

Curve Lake First Nation Day Camp  
Camper Registration Form and Information

Name: \_\_\_\_\_ Age : \_\_\_\_\_ Sex: M  F

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

Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_.

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

What time frame will you be requiring summer Day Camp services?  
Entire Session  Weekly  Days  if needed, # of days/weeks? \_\_\_\_\_

*There will be NO lunch time supervision*

**Registration Fee: \$25.00**

**Parents please provide snacks and refreshments for your Child**

**IMPORTANT**

Please list any medical or other important information that the supervisor or staff should have:  
Please include medications and directions for administration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is my permission for Day Camp staff to make arrangements for medical or surgical attention for my child in case of an emergency, without the necessity of my approval. I understand that I will be notified by the quickest possible means if this authority is exercised.

The Day Camp staff will ensure, to the best of their ability, the health and safety of the children. By signing this statement Curve Lake First Nation will **NOT** be accountable for any accidents or injuries that may occur during the period of **July 15<sup>th</sup> to August 23<sup>th</sup>.**

**Monday to Thursday 9:00 am to 4.00 pm.** No Day Camp on statutory Holidays

I hereby give permission to have my child's photograph or video used in any promotional in any material Day Camp may produce

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

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