

# ROYAL BOTANICAL GARDENS' DISCOVERY DAY CAMPS HEALTH AND REGISTRATION FORM

All day camps take place at the Nature Interpretive Centre. Please complete one registration form for each camper.

CHILD'S NAME		AGE	
ADDRESS		GENDER	
CITY		POSTAL CODE	
PARENT'S NAME			
HOME PHONE		OTHER PHONE	
PARENT'S NAME			
HOME PHONE		OTHER PHONE	
E-MAIL			
<input type="checkbox"/> Please check here if we may send you our monthly e-mail newsletter. This list is not shared with anyone.			
DOES THE CAMPER HAVE A MEDICAL CONDITION?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DETAILS			
IS THE CAMPER ON ANY MEDICATION?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DETAILS			
DIETARY CONCERNS/CONDITIONS (I.E. ALLERGIES, DIETARY RESTRICTIONS)			
IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT THE CAMPER			
IF AT ANY TIME EMERGENCY MEDICAL TREATMENT IS NECESSARY FOR MY CHILD, I GIVE MY CONSENT FOR TREATMENT TO BE GIVEN. EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIANS(S) AND OR EMERGENCY CONTACTS.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
AUTHORIZATION RESTRICTIONS			
<b>EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)</b>			
NAME		PHONE	
RELATIONSHIP			
<b>IN MY/OUR ABSENCE, I AUTHORIZE THE FOLLOWING PEOPLE TO PICK UP MY CHILD</b>			
NAME		PHONE	
RELATIONSHIP			
I UNDERSTAND AND AUTHORIZE THAT PICTURES TAKEN AT CAMP MAY BE USED FOR PROMOTION (I.E. LOCAL NEWSPAPERS).			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
COMMENTS			

TOTAL PAYMENT: \_\_\_\_\_

- Cash                       Cheque: Make cheques payable to Royal Botanical Gardens  
 VISA                          Mastercard      Amex

CREDIT CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

OFFICE USE ONLY		
DATE: _____	TAKEN BY: _____	APPROVED: _____

