



Elgin Eco Association KID's Summer Camp
July 03- August 07, 2018



Child's First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Sex: M ___ F ___ Birth Date: _____

Age: _____ Grade Fall '18 _____

Parent's E-mail Address: _____

Mother/Guardian: _____ Cell Phone: _____

Father/Guardian: _____ Cell Phone: _____

Emergency Contact (other than parents) _____

Phone: _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of/ allergies, medications or other _____

Person's authorized to pick- up child:

Mother/Guardian ___ Yes ___ No Father/Guardian ___ Yes ___ No

Other _____

Release/Participation: I am the parent or legal guardian of the above child. I give permission for my child to participate in E.E.A. Summer camp activities including transportation. I understand that accidents can happen, therefore I release the Elgin Eco Association from all liability for any injury, loss of articles or damage connected in any way whatsoever during the time of participation at the E.E.A. summer camp.

Medical Treatment: I give the EEA volunteers permission to provide emergency medical treatment for my child as necessary/and or transport to an emergency center for treatment.

Photograph Permission: I give my permission for the E.E.A. to use, without limit or obligation, photographs which include my child's image for the purpose solely of promoting the activities of the Elgin Eco Association.

Signature of Parent/Guardian _____ Date: _____

Signature of E.E.A. Executive _____ Date: _____