



Elhtach Family Camp Registration:

August 10th – 14th, 2011

Parent/Guardian Name: _____

Address: _____

Home: _____ Work/Cell: _____

Email: _____

Name of Child: _____

Date of Birth of Child (M/D/Y): _____ Band #: _____

Medical #: _____ Special Diet: _____

Medical Conditions/Allergies: _____

Additional Children:

Name: _____

Date of Birth of Child (M/D/Y): _____ Band #: _____

Medical #: _____ Special Diet: _____

Medical Conditions/Allergies: _____

Name: _____

Date of Birth of Child (M/D/Y): _____ Band #: _____

Medical #: _____ Special Diet: _____

Medical Conditions/Allergies: _____

Parent/Guardian Consent: I authorize the staff person in charge to call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency medical aid, should in the opinion of the person in attendance, feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Signature of parent/guardian

Date:



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Emergency Contact Information:

Name _____ Relationship: _____

Phone #: _____ Alt Phone #: _____

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Name _____ Relationship: _____

Phone #: _____ Alt Phone #: _____

Photo Release Form

I _____ parent/guardian of _____ (name of child) grant Ayas Men Men Child and Family Services to the right and permission to use and/or publish the photograph(s) referred to below, in which my son/daughter is included, without any restriction as to the nature of the use or publication or as to the copy of any printed matter accompanying the photograph(s). I understand that the images may be altered and I waive the right to approve of any finished product. I understand that I do not own the copyright of the photograph(s). I certify that my son/daughter is not 18 years of age and that I have the full legal right to execute this agreement.

DATE: _____

NAME of Child(ren): _____

AGE of Child(ren): _____

(if under 18 years of age)

NAME of Parent/Guardian: _____

SIGNATURE of Parent/Guardian: _____

ADDRESS of Child: _____

TELEPHONE: _____

E-MAIL address: _____