

Courses & Camps 2007

Use a separate form for each participant. Please make cheque out to C.Cloutier

living expressive art
 51 Beaucourt Rd.
 Hamilton, ON L8S 2R2
 (905) 526-9867
 www.carocloutier.com
 caro@carocloutier.com

Child's Last Name: _____ First Name: _____

Birth Date (d/m/y): ____ / ____ / ____ Gender: M F School: _____

Medical Information. Please list any serious concerns, allergies or conditions that our staff should be aware of. Include any pre-existing conditions and physical or emotional concerns.

Health Card #:

Does your child carry an epi-pen? Yes No If yes, where? _____

Father's Last Name: _____ First Name: _____ Permission to pick up child: yes no

Home Address: _____ (If different from below)

City: _____ Postal Code: _____ Is this the child's primary address? yes no

Home Phone#: _____ Business Phone#: _____

Cell/pager#: _____ Email: _____

Mother's Last Name: _____ First Name: _____ Permission to pick up child: yes no

Home Address: _____ (If different from below)

City: _____ Postal Code: _____ Is this the child's primary address? yes no

Home Phone#: _____ Business Phone#: _____

Cell/pager#: _____ Email: _____

Emergency Contact Name: _____ First Name: _____ Permission to pick up child: yes no

Day Phone #: _____ Cell/pager#: _____ Relationship to child: _____

Please list ALL THE NAMES of individuals who have permission to pick up your child from the camp. Please remember that your child will only be released to the people listed here or above and that photo ID is required at time of pick-up.

Transportation to and from camp. MUST BE COMPLETED.

| A.M. (Choose only one) | P.M. (Choose only one) | Fee (s) If Applicable |
|---|--------------------------------------|-----------------------|
| Parent Drop Off (8:45-9:00 a.m.) | Parent Pick-up (3:30- 3:45 p.m.) | N/A |
| Extended Program Day (8:00-8:45 a.m.) | Extended Program Day (3:45-5:00pm) | \$5/day |
| Travels by Self (8:45-9:00 a.m.) | Travels by Self (3:15-3:30 p.m.) | N/A |
| | Authorizing Signature: _____ | |

Payment. Please complete the information below:

Camp/Course Date: _____

Fee: _____

Please be advised that your child may be photographed, videotaped or audiotaped at any time during the course for the purpose of publicity/advertising for Living Expressive Art.

I/We agree that Living Expressive Art, its director and staff shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in camp or course activities UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of Living Expressive Art or its staff while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

Signature of Parent/Guardian _____