

# Mansonville Orthodox Camp 2015 Child Enrolment

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Social insurance#:	<input type="text"/>	Medical insurance#:	<input type="text"/>	Private life insurance#:	<input type="text"/>
Insurance company:	<input type="text"/>		Insurance company phone#:	<input type="text"/>	

Languages:  Russian  English  French  Other:   DOES NOT swim

Known allergies:	<input type="text"/>
Medical conditions:	<input type="text"/>
Required medications (attach detailed prescription):	<input type="text"/>

## Parents information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Date of birth:	<input type="text"/>	<input type="checkbox"/> Mother
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Date of birth:	<input type="text"/>	<input type="checkbox"/> Father

Languages:  Russian  English  French  Other: \_\_\_\_\_

My child will attend camp during the terms:  July 4th -- 11th  July 11th -- July 18th

Phone numbers:	<input type="text"/>		
email address:	<input type="text"/>		
Residential address:	<input type="text"/>		
Emergency contact name:	<input type="text"/>	Emergency contact phone:	<input type="text"/>

I, the undersigned, hereby

- authorize camp officials to administer medications to my child in case of fever over 38°C as well as to escort my child to the hospital should that be necessary.
- confirm that I am sending my child to the Camp, organized and managed by the Parish of Saint-Seraphim of Sarov, located at 83 Du Monastere Mansonville QC, JOE 1X0 for the period specified above
- acknowledge that the Parish of Saint-Seraphim of Sarov and its members do not bear any responsibility for my child's safety, security, health and possessions.
- validate that I have clear understanding of all conditions of my child's involvement in the camp.
- confirm that information I have provided is complete and to the best of my knowledge;

Parent or legal guardian full legal name:	<input type="text"/>
Today's date:	<input type="text"/>

Signature: \_\_\_\_\_

TO BE USED ONLY BY THE PARISH:

Payment of \$ \_\_\_\_\_ received in full. Signature of the authorised person: \_\_\_\_\_

\*: All donations are tax deductible and participants will be able to obtain an appropriate receipt.

\*\*: This form is part of the registration process. . All participants are responsible for making sure they clearly understand the details of their participation. All participants are responsible for providing the necessary information and filling of all necessary forms.