

Mansonville Orthodox Camp 2015 Registration

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: ☐ DO NOT swim ☐ CPR

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

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 am interested in fulfilling the following responsibilities:

☐ I am willing to teach or present a special course in which case I will submit detailed course description to Fr. Alexei (fimine@gmail.com)

I will be in the Camp during the following periods (YYYY/MM/DD hh:mm (write on the back for additional periods):

From:	<input type="text"/>	To:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>

☐ My child(ren) will be attending the camp and I pledge not to provide him or her any preferential treatment.

☐ I fully understand all responsibilities and conditions of my participation.

**Additional
information:**

Signature: _____ Today's date: