MAHSONVILLE ORTHODOX CAMP ZOIA CHILD EHROLMEHT

		Last Name	e:		Date of birth	:
Social insurance#:		Medical in	surance#:		Private life i	nurance#:
nsurance company:			Insu	rance company phone	#:	
Languages: Ru	ussian 🗌 Engli	sh 🗌 French	Other:		DOES NOT s	wim
(nown allergies:						
Medical conditions:						
Required medications	(attach detailed	prescription):				
Parents informa	tion					
irst Name:		Last Name:		Date of birth:	Į	Mother
First Name:		Last Name:		Date of birth:	Į	Father
Languages:	Russian 🔲 E	English	nch 🗌 Ot	her:		
	My chile	d will attend camp	during the te	rms: 🔲 July 5th 12	th i	July 12th August 19th
	,			July July July July July July July July	icii į	July 12th August 15th
Phone numbers:						
mail address:						
Residential address:						
Emergency contact na	me:			Emergency contact	ohone:	
, the undersigned, he	ereby					
_	-	er medications to n	ov child in case	of fever over 38°C as	well as to esco	ort my child to the hospital
authorize camp offic	cials to administe	er medications to n	ny child in case	of fever over 38°C as	well as to esco	ort my child to the hospital
authorize camp offic should that be necess confirm that I am se	cials to administe cary. nding my child to	o the Camp, organi	zed and mana	ged by the Parish of Sa	aint-Seraphim (ort my child to the hospital of Sarov, located at 83 Du
authorize camp offices of the confirm that I am se on the confirm that I am second the confirmation that	cials to administe cary. nding my child to lle QC, JOE 1X0 fo	o the Camp, organi or the period	zed and mana from July 20th	ged by the Parish of Sa 2013 to August 4th, 2	nint-Seraphim (of Sarov, located at 83 Du
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Payment 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.