

REGISTRATION FORM
Maritime Adventurers Camp
August 20th – August 26th, 2017

Please check whether this camper is a bleeder or a “buddy”. Bleeder Buddy

Camper’s Name: _____ Male: ___ Female: ___

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Age: _____ Date of Birth: _____ Age as of 20 Aug 17

Health Card Number/Medicare Card (expiration date): _____

Name of Parent or Guardian: _____

	Home Phone	Work Phone	Cell Phone	Other
Parent #1	_____	_____	_____	_____
Parent #2	_____	_____	_____	_____

Email Address : _____

Alternate Emergency Contact-----This must be filled out!!!

Name: _____ Relationship to camper: _____

Phone: (home) _____ (work) _____ (cell) _____ (other) _____

Family Doctor: _____ Phone: _____

Allergies : _____

Campers will receive a camp t-shirt on their arrival at camp. Please indicate their size by circling below.

Youth : Small Medium Large X-Large Adult : Small Medium Large X-Large

These forms must be mailed in WITH the money order to the clinic address:

Sue Ann Hawes Bleeding Disorder Nurse Coordinator IWK Health Center 6 N Clinic

5850 University Ave PO Box 9700 Halifax NS B3K 6R8

Please also note that the Camp Committee will advise all parents if their child has been accepted to camp this year by no later than July 1st 2017. However, if you do not hear from us, it may have just been by mistake so please call us and ask. Also if the family has any children above the age of 16 that are interested in coming and volunteering as a councilor for the week please contact one of us for a volunteer application package. It would also be appreciated if you could attach a photo of your child to this form.