



# Registration Form

Please circle session interested in attending...

Session 1: August 17-28

Campers Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Current School: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

## Medical Information

(Allergies): \_\_\_\_\_  
\_\_\_\_\_

## Special Needs

(A.D.D) \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

## LIABILITY/ PERMISSION WAIVER:

In case of injury or accident of any nature at Artist's Inbloom Drama camp, neither Artist's Inbloom, nor any employee or volunteer will be held liable for that occurrence. I hereby release Artist's Inbloom, its employees or volunteers from all claims or damages which may arise out of any loss or personal injury to the named participant in this program. I hereby give Artist's Inbloom permission to use any photograph or video taken of my child in this program for future promotional use.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

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## FOR OFFICE USE ONLY....

DEPOSIT PAID \_\_\_\_\_

DISCOUNTS: \_\_\_\_\_

TOTAL AMOUNT OWING: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_