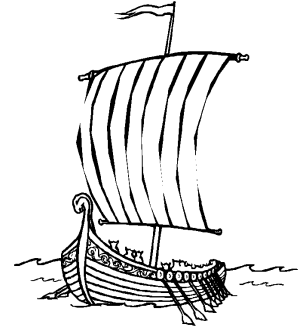


Icelandic Language and Cultural Camp Registration Form



CHILD'S NAME: _____ SEX: _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

POSTAL CODE: _____ BIRTHDATE: _____

MOTHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

EMPLOYER/SCHOOL: _____ PHONE: _____

EMAIL ADDRESS: _____

FATHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

EMPLOYER/SCHOOL: _____ PHONE: _____

EMAIL ADDRESS: _____

Please ensure you have given us full addresses for places of employment including all Postal codes.

Icelandic Language and Cultural Camp Registration Form

IF WE NEED TO CONTACT A PARENT DURING THE WEEK, WHO SHOULD WE CONTACT FIRST?

MOTHER _____ FATHER _____

CHILD'S DOCTOR: _____ PHONE: _____

ADDRESS: _____ MB HEALTH #: _____
INDIVIDUAL #: _____

EMERGENCY CONTACT LIST:

PLEASE PROVIDE US WITH THE NAMES OF TWO OTHER PEOPLE WHO WOULD BE WILLING AND ABLE TO TAKE RESPONSIBILITY FOR YOUR CHILD IN CASE OF AN EMERGENCY OR IF YOUR CHILD

NAME: _____ HOME PHONE: _____
ADDRESS: _____ POSTAL CODE: _____
EMPLOYER: _____ WORK PHONE: _____
ADDRESS: _____ POSTAL CODE: _____
RELATIONSHIP TO CHILD: _____

1. NAME: _____ HOME PHONE: _____
ADDRESS: _____ POSTAL CODE: _____
EMPLOYER: _____ WORK PHONE: _____
ADDRESS: _____ POSTAL CODE: _____
RELATIONSHIP TO CHILD: _____

Icelandic Language and Cultural Camp Registration Form

DOES YOUR CHILD HAVE ANY ALLERGIES? YES _____ NO _____

IF YES, TO WHAT?

DESCRIBE TYPICAL REACTION.

MEDICATION OR TREATMENT REQUIRED.

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS?

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS?

**PLEASE ENSURE ALL MEDICAL INFORMATION AND
PERMISSION SIGNATURES ARE COMPLETED.**

Icelandic Language and Cultural Camp Registration Form

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the camp.

I hereby grant permission for my child to leave the camp premises under the supervision of a staff member for the field trip to Gimli, MB.

I hereby grant permission for the Director or camp staff to take whatever steps may be necessary to obtain emergency medical care for my child if needed. These steps may include, but are not limited to the following:

If the incident is not life threatening:

1. Attempt to contact a parent or emergency contact person;
2. Attempt to contact child's physician;
3. If we cannot contact the parents or the emergency contact persons provided, we may:
 - a) call another physician;
 - b) transport your child to the Gimli Hospital;
 - c) call an ambulance for transportation to the nearest hospital. Any expense incurred for ambulance transportation will be the responsibility of the parent.
4. I understand that the camp will not be responsible for anything that may happen as a result of false information given at the time of enrollment or failure of parents to advise the camp of change of work location, place of residence or change in family status.
5. I understand that the camp will assume responsibility for the care and well being of my child once my child has been dropped off on at Camp Veselka and thereby relinquishes responsibility for my child when he/she has been picked up at the end of the week.
6. I have read, understood and agree to comply with the policies of the Icelandic Language and Cultural Camp.

DATE

MOTHER'S SIGNATURE

FATHER'S SIGNATURE