Elbert Chartrand Friendship Centre

Day Camp

Registration Form

Child Information

Name: _____
First *Middle* *Last*

Home Address: _____ Town: _____

Province: _____ Postal Code: _____ Birthday: _____
DD/MM/YYYY

Parental/ Guardian Information

Parent/ Guardian Name: _____

Cell Phone:_____ Home Phone:_____ Work Phone:_____

Emergency Contact

Name:_____

Cell Phone:_____ Work Phone:_____

Physical Address:_____

Medical Information

Family Doctor:_____

MHSR:_____ PHIN #:_____

Allergies: _____

Ancestry

☐ Metis ☐ First Nation ☐ Inuit ☐ Other_____

Please read carefully and sign your name

I hereby give my consent for my child/children to accompany the Elbert Chartrand Friendship Centre Day Camp employees on regular field trips and outings.

Signature: _____ Date: _____

I hereby give permission for my child/children to be photographed or video-taped for the purpose of publicity for the center, recordings of outings, birthdays or special occasions. I understand they may be identified by name in these publications.

Signature: _____ Date: _____

In event of emergency, when I cannot be reached, I give permission for my child/children to receive medical procedures deemed necessary by my physician or a physician selected by the Elbert Chartrand Friendship Centre staff.

Signature: _____ Date: : _____

I have read and understand the policies of the Elbert Chartrand Friendship Centre Day Camp and I understand that I am required to participate in all aspects of the program.

Signature: _____ Date: _____

Emma-Leigh Rusk
Program Coordinator
Elbert Chartrand Friendship Centre
P.O Box 1448
Swan River, MB R0L 1Z0
Phone: (204) 734-9301
Fax: (204) 734-3090

ECFC Youth Day Camp

CODE OF CONDUCT

The Elbert Chartrand Friendship Centre Day Camp will not tolerate any:

- BULLYING
- SWEARING
- STEALING
- DAMAGING PROPERTY OF THE ECFC OR OTHER DAY CAMP YOUTH
- FIGHTING
- WRESTLING

If any incidents occur the child/children will be given a verbal warning, if the behaviour continues the parent/guardian will be phoned and that child/children will be sent home for the day.

By signing this form you are agreeing to the rules set out by the ECFC Day Camp.

Parent Signature: _____ Date:_____

Child's Signature: _____ Date:_____