

# Aboriginal Justice Youth Summer Camp

## Registration Form

July 13<sup>th</sup> - July 17<sup>th</sup>, 2015

Camper Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Name of Parent(s)/Guardian(s) of the child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY INFORMATION** (Contact person in case of emergency if parent/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Pediatrician Name: \_\_\_\_\_ Location: \_\_\_\_\_

PEI Health Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List any physical restrictions or activity limitations (e.g., sight or hearing loss, no swimming, etc.):

\_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

Please indicate any further information about your child's medical, physical or emotional needs that you feel we should know: \_\_\_\_\_

### WAIVER

As parent/guardian of \_\_\_\_\_ (child's name), I hereby request that he/she can participate at the Aboriginal Justice Youth Summer Camp on July 13 to 17, 2015, at the Faith Bible Church Hall in East Royalty. I understand that youth taking part in the camp will be accompanied by representative from the Justice Program and/or the Native Council of PEI and that every precaution shall be taken to safeguard the welfare of youth while attending the event, but that MCPEI cannot be held responsible in the event of any accident or injury occurring while attending the event.

I hereby release and forever discharge the Mi'kmaq Confederacy of PEI, its directors, officers and employees from any and all liability related to my child's attendance at the event.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(please print)

(Parent/Guardian's Signature) \_\_\_\_\_

