

PORTAGE COLLEGE SUMMER CAMP REGISTRATION FORM:**Participant Information:**

First Name:	Last Name:	day	Date of Birth: month	year	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Grade Entering- Fall	T-Shirt Size (Please Check One): XS S M L XL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Parent/ Guardian Name:
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Emergency Contact & Relationship to Participant:	Emergency Contact Phone Number:
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Permanent Mailing Address (Street, Apt. or Box Number):	City/Town:
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Province:	Postal Code	Telephone Number:	Cell Phone Number:
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Camp Name:	Camp Start Date:
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Life on Campus Experience: <input type="checkbox"/>	
Day Camp Only: <input type="checkbox"/>	

Health History:

Health Card Number:	Allergies:	Medication:
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Payment (For Administrative Use Only):

Total Price of Camp:	Method of Payment:	Payment Date:	Receipt Number:
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Parent's Authorization:

Participants in Portage College Summer Programs involves various sports, games, and physical activity, which by their very nature have the potential to cause damage or bodily harm. I hereby consent to the participations of _____ (Participant's Name) in the program that I identified above and I agree to and do hereby indemnify, save harmless and release Portage College, its officers, directors, governors, employees, agents, representatives, and insurer's from any and all claims, actions, costs, expenses and demands of whatsoever kind, in respect to loss, damage, bodily injury or death to persons, including the Participant, or to property which may arise out of or in connection with the Participant's participation in the camp, unless such a loss is occasioned by or attributable solely to the gross negligence of Portage College. I acknowledge that Portage College hereby reserves the right to request that the Participant withdraw from the camp prior to its termination, if, in the sole opinion of the Coordinator or the Instructors, the Participant is not acting in a responsible manner or displaying appropriate conduct, or in the event that the Participants behaviour is deemed to constitute a danger to the health, safety or well being of other participants in the camp. I further confirm that any medical condition or medical requirements of the Participants, of which I am aware, have been disclosed to Portage College herein. Should the participant be injured during the camp, I give permission for the Portage College staff to provide emergency medical treatment. I also give permission for Portage College to use any photograph of my child in any promotional material.

I have read and understand this agreement, and by signing this agreement voluntarily, I am agreeing to abide by these terms.

Signature of Camp Participant: _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

**Note: Please fill out this registration form and either scan and email it to Robyn.Balaban@portagecollege.ca, fax it to 780-623-5725, or hand it into the Portage College Housing Office. Payments can be made via VISA/ Mastercard over the phone at 780-623-5745 or you may drop of cash or a cheque at the Portage College Housing Office. PLEASE DO NOT MAIL ANY PAYMENTS!*