



Camp Mission Access: REGISTRATION FORM

Personal Information

Participant's Name: _____ Parent/Guardian's Name(s): _____

Address: _____ Home Phone: _____

City: _____ Work: _____

Postal Code: _____ Cell: _____

Birth Date: DD ____ /MM ____ YY/ ____ Email: _____

Gender: Male ____ Female ____

PLEASE INDICATE SPECIFICS FOR THE PARTICIPANT'S REGISTRATION

Camp Mission Access: December 2014

Dates & Times:

Saturday December 13 11:00AM to 12:30PM

Saturday December 13 12:30AM to 3:30PM

Indicate Preferences:

1. _____

Dates for participants successfully enrolled in Camp Mission Access will be confirmed via email, once registration and full payment have been received.

ADDITIONAL INFORMATION

Does the Participant have a disability? If yes, please explain

Does the Participant use a mobility aid? If yes, please specify

Does the Participant have any medical conditions or injuries that could require emergency treatment (asthma, allergies, seizures etc)?

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone Number: _____ Cell Number: _____

Work Number: _____

REGISTRATION DOCUMENTS

I have fully and accurately completed, signed and delivered to Camp Mission Access, along with this Registration Form, the following documents which are required for registration at Camp Mission Access:

- 1. Camp Mission Access: Consent to use Image Likeness and Voice;
- 2. Camp Mission Access: Acknowledgement, Waiver and Release.

The information in this Registration Form supplied by me is complete and accurate as of the date hereof. If any of the above information changes prior to the Participant’s attendance at Camp Mission Access, I will promptly notify Camp Mission Access of the same in writing.

I understand that personal information, as defined in the Personal Information and Privacy Act (Alberta), is being collected about the Participant and I understand that Camp Mission Access may collect, store, use and disclose this information for purposes that are reasonable.

I declare that I am at least 18 years of age and that I am the parent or legal guardian of the Participant.

Parent or legal guardian signature _____ Date _____

For the Participant:

I understand that personal information, as defined in the Personal Information and Privacy Act (Alberta), is being collected about me and I understand that Camp Mission Access may collect, store, use and disclose this information for purposes that are reasonable.

Participant signature _____ Date _____

Payments may be made by credit card using PayPal and cheque. Please make cheques payable to Alison Neuman.

Please fill in and bring this form to Camp.