CAMP DE VACANCES ET RÉPITS

REGISTRATION FORM

PARTICIPANT			
First name		Last	
Date of birth		Gender	☐ Male ☐ Female ☐ Other
Lives with	☐ Main contact ☐ Secondary contact ☐ Other :		

SUMMARY HEALTH FORM			
Health ins. number		Exp.	
Hearing	☐ Signs ☐	Language disability	☐ Dysphasia ☐ Other :
Intellectual	☐ Mild ☐ Moderate ☐ Severe		☐ ASD
Ratio	☐ Group 1:4 ☐ Shadowing 1:1 / 1:2	Other deficiency :	
Swimming level	☐ None ☐ Average ☐	T-Shirt child	☐ Small ☐ Medium ☐ Large ☐ X-Large
Password for departure		T-Shirt adult	☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL

PARENTS. LEGAL GUARDIANS OR FOSTER FAMILY					
Name Main contact					
Address					
City		Province		Postal	
Home phone		Mobile :			
Relationship with participant :		Email :			
Name Secondary contact					
Address					
City		Provin		Postal	
Home phone		Mobile :		Work :	
Relationship with participant :	Email				
Name on tax receipts		S.I.N.	mandatory tax receipts		

OTHER CONTACT IN CASE OF EMERGENCY (Mandatory)		
Name Contact 1:	Tel :	Relation :
Name Contact 2 :	Tel :	Relation :
Social worker :	Tel & email :	
How did you hear about the Centre ? ☐ Reference ☐ ACQ ☐ Web site ☐ School ☐ CSSS ☐ Other :		

2464, boul. Perrot, Notre-Dame-de-L'Ile-Perrot, Québec J7W 2Y9 - info@mon-camp.ca 514.453.7600
mon-camp.ca

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I authorize the person responsible to make appropriate decisions pertaining to the health and safety of the participant. I therefore authorize the management to act in my name in case of emergency in order to administer first aid or other medical or surgical help related to the state of health of the participant.

☐ Yes ☐ No

I authorize the Centre Notre-Dame-de-Fatima to administer all types of non-prescription medication (over the counter sale), such as Acetaminophen (Tylenol) – Dimenhydrinate (Gravol) – Cream form of antibiotics (Polysporin) – Other (cough syrup ...).

☐ Yes ☐ No

I authorize the Center to use photographs, and interviews of the participant for use in publishing in our brochures, on television or other media.

☐ Yes ☐ No

CONSENT TO DISCLOSURE AND EXCHANGE OF PERSONAL INFORMATION
**** MANDATORY ****

I, undersigned, _____, consent to the disclosure and/or exchange of personal information by the staff of the Notre-Dame-de-Fatima Center who wish to disclose and/or exchange relevant data contained in my personal file or that of _____, for whom I am responsible, and/or medical or other records, established with this organization, with the staff or other parties (refer to the Privacy Policy for all details - https://www.mon-camp.ca/politique-de-confidentialite or upon request).

At any time, I may withdraw my consent to the disclosure and exchange of information.

I also accept the terms of payment, reimbursement, and registration as they appear on the registration form and website.

_____ _____

Participant's Signature or parent or legal guardian — Date

I WISH TO APPLY FOR FINANCIAL AID FOR THIS PARTICIPANT ☐

Please send the completed form and copy of your "Notice of assessment".

We will contact you to confirm your eligibility.

PLEASE INCLUDE THE FOLLOWING: ☐Photo ☐ Health form

These forms will be valid for two years