Summer Day Camp Registration Form

*Date :*_____

*Last Name :*_____*First Name :*_____*Initial :*_____
*Parent/Guardian Name:*_____*Relationship:*_____
*Home Tel:*_____*Business Tel:*_____*Cellular:*_____
*Home Address:*_____
*City:*_____*Province:*_____*Postal Code:*_____
*e-mail address:*_____
*Age(last birthday):*_____*Date of Birth:*_____
*Health Card Number:*_____
*Emergency Contact name:*_____*Phone:*_____
*Physician:*_____*Phone:*_____
*Allergies:*_____
*Carries EPIPEN:*_____*Medic Alert:*_____
Please list any medical information, physical or emotional, that may be helpful to our staff:

Camp Weeks (Circle all applicable):
July 14-18 *July 21-25* *July 28-Aug 1* *Aug 4-8* *(4days $100)* *Aug 11-15* *Aug 18-22*

I am allowing my child/children to participate in the Brampton Music Theatre March Break Day Camp, and I give Brampton Music Theatre and it's staff authority to act on my behalf. I release and indemnify Brampton Music Theatre, its Owners, Directors, Management and employees from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in the Brampton Music Theatre March Break Day Camp.

I consent to the use of my child's/children's likeness for publicity purposes.

I accept the above terms and conditions: **Date**_____

*Signature of Parent/Guardian:*_____
(Please Print name):_____

Amount Paid $_____Date Paid:_____Method:_____