



Registration Form for the Young Adventurers' Club Day Camp			
CHILD			
Last name:		First name:	
Address:		City:	
Telephone:		E-mail (parent) :	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height: Weight:	
Last grade of school completed:		Age (as of June 1, 2008) :	
Maternal language: <input type="checkbox"/> French <input type="checkbox"/> English			
PARENTS			
Father		Mother	
Name:		Name:	
Address:		Address:	
City:		City:	
Telephone - Home :		Telephone – Home:	
Cellular: Work:		Cellular: Work:	
HEALTH			
Health Insurance Card			
Card number:		Expiry date:	
Condition/ Disabilities / Special Care			
Description	Details	Description	Details
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Hearing disability	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Intellectual disability	
<input type="checkbox"/> Visual disability		<input type="checkbox"/> Other	
Food Allergy	Food intolerance	Other allergies	Reaction
Medication			
Does your child take medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe below			
Medication:			
Dosage schedule:			
Special recommendations related to your child's health			
Vaccinations			
Date of D2T2 vaccination (Diphtheria, tetanus):			
Date of DTaP vaccination (Diphtheria, pertussis, tetanus):			
People to contact in case of emergency			
Enter the names of two people (other than the father or mother) who are authorized to come and pick up the child or who we could contact if we are unable to reach you:			
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Relationship to the child:		Relationship to the child:	

ADDITIONAL INFORMATION

Please share any other information about your child that could be useful to us so that we can perform the best possible intervention:

SWIMMING

Is your child authorized to participate in the swimming activity?: Yes No

Your child's level of ability:

Must your child wear a personal floatation device (P.F.D.)?: Yes No

Availability / Reservation

Summer 2008 – Every day from July 7 to August 17, 2008

Enter the date(s):

PARENT CONSENT FORM

1. I, the undersigned, declare to be the parent/guardian of the abovementioned child.
2. I understand that the activities offered by Société des établissements de plein air du Québec (Sépaq) as part of the "Young Adventurers' Club" day camp (hereafter, the "camp") may involve certain risks and dangers because they are offered outdoors in natural environments. For and on behalf of my child, I agree to assume the responsibility for these risks and dangers.
3. I declare that my child is physically, emotionally and mentally capable of participating in the camp's activities.
4. I am familiar with the camp's conditions and regulations.
5. I ask Sépaq or any person designated by Sépaq, to call me if they deem it necessary at the telephone number I have provided if my child is injured or ill and requires the intervention of a doctor.
6. I authorize the camp's staff to administer one or several over-the-counter medications if this proves to be necessary and to provide the child with first aid in case of emergency or injury.
7. I authorize the camp's management to take the child immediately to a doctor, CLSC or hospital of its choice if this is deemed necessary and to sign all of the documents required by medical authorities so that the child can receive the appropriate care. Transportation costs to the CLSC, the hospital or the home, including possible ambulance transportation, will be my responsibility.
8. By signing this form, I authorize the doctor, CLSC or hospital to provide the child with the necessary care, whatever it may be, whether it involves examinations, tests, treatments or any other interventions.
9. I authorize the divulgation of the information contained in the Registration Form to the camp's health care director, the doctor, CLSC or hospital taking care of the child.
10. I authorize Sépaq to publish, within certain promotional documents, certain photographs taken at the camp that could contain the image of my child.
11. I agree to immediately contact the medical authorities to whom my child is entrusted upon verbal request from camp management or a designated representative.
12. By signing this agreement, I, the undersigned, in my own name and on behalf of my child, waive all claims and right of action that I have or could have against Sépaq, its managers, employees or representatives, in terms of all responsibilities related to any losses or damages that I or my child could sustain or incur by participating in these activities, no matter what the cause.

In witness whereof, I sign this document:

Date:	
Name of the parent:	
Signature of the parent:	
Signature of the child (14 or over):	