

Camper's Last Name:	<b>Hope Valley Day Camp Registration Form 2010</b> Only <b>ONE</b> camper per registration form. Please make copies as needed. Children are placed in teams according to age: Juniors (7 and 8), Seniors (9-12), Teens (13-17) <b>Please fill out both parts of this form</b>
Camper's Given Name:	
Date of Birth: M / F    M _____ D _____ Y _____	Medical information: (attach note if necessary)
Health Card Number: _____ / _____ / _____	
Circle <b>ONE</b> camp session : 1   2   3   4 (Sports)   5 (Science & Nature)	
Bus Number:    1   2   3    Own Ride	
Bus Stop:	Please team with if possible:
<b>Donation included with Registration Form \$ _____</b> Please make cheque or money order payable to: <u>Hope Valley Day Camp</u> All donations are tax deductible.	<b>Office Use only</b> Date Rec'd: _____ # Reg'd: _____ Swimming lessons:    yes    no Conf'd: Walk-in    Left message    Phone call

<b>FAMILY INFO</b> (parent/legal guardian)	
1. Name: _____	<ul style="list-style-type: none"> <li>If your child is staying at another address during camp, please attach a note to your registration form with the host's name, address and phone number.</li> <li>I hereby give my consent for my child(ren) to attend Hope Valley Day Camp and participate in the programs. In case of a medical emergency, I give permission to the physician selected by Hope Valley Day Camp to hospitalize and administer proper treatment for the above named child(ren).</li> <li>I hereby give permission to have my child's photograph or video used in any promotional material Hope Valley Day Camp may produce. No name of the campers will be given.</li> <li>I have read this entire registration form and have fully completed all sections and I further understand that an incomplete registration form may be returned to me at the address given and that my child will not be registered until Hope Valley receives a fully completed form.</li> </ul>
2. Name: _____	
Address _____ Unit# _____	
City _____ Postal Code _____	
Home Phone (    ) _____	
1. Business or Cell Phone :(    ) _____	
2. Business or Cell Phone :(    ) _____	Signature _____ Date _____ I received this brochure from: <input type="checkbox"/> School • <input type="checkbox"/> Mail <input type="checkbox"/> Internet <input type="checkbox"/> Church • <input type="checkbox"/> Camp Office • <input type="checkbox"/> Friend <input type="checkbox"/> Business
<b>ALTERNATIVE CONTACT</b> –in case we can't reach you (Your child can't be registered without this information)	
Name: _____	
Emergency Phone (    ) _____	