

Peterborough Neuro-developmental Teen Summer Camp 2012 Registration Form

Participant Name _____

Address _____

Phone Number _____

Health Card Number _____

Doctor and phone number _____

Dentist and phone number _____

Diagnosis/medical concerns _____

Medication, dose, and time of day _____

Consent for camp staff to administer _____

Allergies _____

Current School _____

Parent/Guardian(s) _____

Address if different from participant _____

Home Phone _____ Work _____ Cell _____

Email _____

Emergency Contact # 1

Name _____

Phone _____

Emergency Contact # 2

Name _____

Phone _____

Participant Information

Interests

Sensitivities

Behaviour(s) and Accommodations to Deal with Behaviour(s)

CONSENT

I hereby give consent for my child to attend the FASD Summer Camp. I realize this camp will involve **walking** and **public transit** to activities and locations in the community.

Print Name _____

Signature _____

Date _____

I hereby give consent for my child's **picture and video** to be taken and published as part of the FASD Summer Camp experience.

Print Name _____

Signature _____

Date _____

Cheque payable to **“Tri-County Community Support Services”**

Send Registration and Cheque to:

FASD Peterborough
c/o Tri-County Community Support Services
349 A George St. North Suite 201
Peterborough, ON
K9H 3P9

For more information please contact: FASD Peterborough 705-876-9245
x 251 or fasdpeterborough@cogeco.ca