



Registration Form

Professional Development (PD) Day Camp

Please complete and return to Katie Fabbro: katie.fabbro@northbay.ca

We will contact you to confirm your child's spot at camp.

Participant Information

| | | | |
|---------------|----------------|---------------------|-------|
| First Name | | Last Name | |
| Date of Birth | yyyy - mm - dd | Age | |
| Health Card # | - - - | Parent/ Guardian | |
| Address | | Postal Code | |
| Home # | - - - | Work # | - - - |

Please check if your child has any of the following:

- | | | | | |
|----------------------------------|---------------------------------|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> A.D.D | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> A.D.H.D | <input type="checkbox"/> Autism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epi Pen | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Other | | | | |

Please specify:

Parent and Guardian Contact Information

| | | | |
|--------------|-------|--------------|-------|
| 1. Full Name | | 2. Full Name | |
| Home # | - - - | Home # | - - - |
| Cell # | - - - | Cell # | - - - |
| Work # | - - - | Work # | - - - |
| Email | | Email | |

Emergency Contacts

1. Full Name

Home #

Cell #

Work #

- -
- -
- -

2. Full Name

Home #

Cell #

Work #

- -
- -
- -

Authorized persons, other than parents/guardians and Emergency Contacts who may also sign out your child:

1. Full Name

Relationship
to Child:

Home #

Cell #

Work #

- -
- -
- -

2. Full Name

Relationship
to Child

Home #

Cell #

Work #

- -
- -
- -

My child is over the age of 10 years and I _____ authorize permission for my
child/ren to sign out for the After School Program after the following time: _____
p.m.

Photo Release

During our activities there may be times when photographs may be taken of your child(ren). These photos may be used for publicity purposes or may appear in local newspapers. Please check one of the following options:

| | |
|--|--|
| I DO NOT authorize the City of North Bay to use photos of my child for publicity purposes. | |
| I DO authorize the City of North Bay to use photos of my child for publicity purposes. | |

I hereby authorize the City of North Bay to publish photographs taken of persons under my legal guardianship for use in print, Online and municipal publications. I acknowledge that their participation is voluntary and that neither I nor the minor children will receive any financial compensation for the use of these photographs. I further agree that my wards participation in any publication, photo, or website confers upon me or my child no rights to ownership of the original photo or the forum in which it was used. I hereby release the City of North Bay from any liability or third-party claims regarding the use of these photographs.

Participant's Name:

Parent/Guardian's Name:

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of the After School Program and/or Youth Program. Questions about this collection or personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626, ext. 2510.

