



SUMMER CAMP REGISTRATION FORM

Participants name _____ Date of birth _____

Medical or special needs _____

Parent / guardian name(s) _____

Address _____

Daytime phone _____ Evening phone _____ Cell phone _____

Alternate emergency contact (*different from parent or guardian*)

Name _____ Phone number _____

REGISTRATION

Please indicate your summer program selections

	Program name	Program date	Program time
1			
2			
3			
4			
5			
6			
7			
8			

PHOTO RELEASE

I, the undersigned, hereby consent to the use, reproduction, and publication of photographs, both still and moving pictures, of _____ taken by photographers at the Oil Sands Discovery Centre. The photographs may be used for promotional purposes and are subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.

Parent / guardian signature _____ Date _____

OFFICE USE ONLY

Payment Method DEBIT CASH CREDIT CARD

Payment Processed (Init.) _____ Date _____