***CANADA HINDU HERITAGE CENTRE***

**MARCH CAMP PROGRAM 2017**

**STUDENT REGISTRATION FORM**

**March13 th 2016 to March 17th 2017**

***Eligibility:*** **Age 4 to 12 Years**

 ***Fees*: $165 for a week**

 (Additional child from same family- 10% Discount.

**Drop Time: 7:30 a.m. Pick Up Time: 6:00 p.m.**

**NOTE: $1 will be charged for each minute after 6:00 pm**

Name of the Child: Age:

Father’s Name: Mother’s Name:

Address:

Father’s Business /Cell No. Mother’s Business/Cell No.

Family Doctor: Doctor’s Contact No.:

Medical Card No.

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT**

Name:

Address:

Contact No. Or

Medical Problems: (Please state if any)

Name and Contact No. of Person responsible to pick up the child:

Drop off time of child at the Mandir:

I here by give CHHC permission for the following:

* To act on my behalf in case of emergency.
* To have my child’s picture taken and shown on TV, Video, Website, Mandir facebook account, and magazine if required.
* I agree that as a participant in the camp my child/ward will participate in activities at a variety of other locations. I agree that the choice to participate brings with it the assumptions of those risks and results which are part of these activities. I agree that the CHHC, MRM, their trustees, officers, employees and volunteers shall not be liable for any injury to my child/ward or loss or damage to my child’s personal property arising from or in any way resulting from my child’s participation in these activities.

 **Parent’s Signature: Date:**