

*atn* 2010 Summer Experience Program

**Registration Form**

<b>CHILD/APPLICANT SECTION – PLEASE COMPLETE</b>			
Last Name	First Name	Name Used	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			Age  DOB yy/mm/dd
<b>PARENT/GUARDIAN SECTION – PLEASE COMPLETE</b>			
Parent 1/Guardian 1 - Full Name		Parent 1/Guardian 1 – Contact Info Home: Business: Cell Email:	
Parent 2/Guardian 2 - Full Name		Parent 2/Guardian 2 – Contact Info Home: Business: Cell: Email:	
Address if different than child's			
Alternate emergency contact name		Telephone Number	
Who can pick up your child? (As a reminder: Parental authority must be in writing for pick up)			
#1 _____			
#2 _____			
Has your child been diagnosed with a specific learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe his/her learning barrier: _____			
_____			

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<b>REGISTRATION FORM - PAGE 2</b>
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<b>REGISTRANT'S FIRST NAME:</b>	<b>LAST NAME:</b>
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<b>MEDICAL INFORMATION (REQUIRED)</b>
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Health Card Number:
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Name of family Doctor:	Phone: (   )
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Does your child require special medical attention? (i.e. medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, provide details: _____
_____
_____
_____

Does your child have difficulties which may require some program adaptations? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, provide details: _____
_____
_____
_____

I require a consultation with the program director regarding elements of my child's participation. <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>ALLERGIES:</b>
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Does your child carry an epi-pen?    Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please list any allergies your child has and the severity of the reaction:
_____
_____

<b>DIETARY REQUIREMENTS:</b>
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Please explain: _____
_____
_____

# atn 2010 Summer Experience Program

## REGISTRATION FORM – PAGE 3

REGISTRANT'S FIRST NAME:

LAST NAME:

### Session Dates

Please choose one of the following (2 week) sessions:

- Session #1 – July 5<sup>th</sup> to July 16<sup>th</sup>
- Session #2 – July 26<sup>th</sup> to August 6<sup>th</sup>
- Session #3 - August 16<sup>th</sup> to August 27<sup>th</sup>

### Terms of Program

**PARTICIPANT'S COMMITMENT:** I want to join ATN's two week summer experience program. I will do my best to make this a good experience for myself and my fellow participants. I understand that failure to live up to this promise might result in my dismissal from the program.

**PARENT/GUARDIAN'S COMMITMENT:** I have discussed the participant's and the Parent/Guardian's commitment with my child and confirm that he/she agrees to participate in the full program, to follow safety instructions and/or refrain from behaviour that is harmful to oneself or to others. I understand that, within reason, failure to do so might be a cause for dismissal from the program.

Participant's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**MEDICATION:** If it will be necessary for your child to take prescription medication during the program, the parent/guardian and the physician must complete the form "Authorization for the Administration of Prescription Medication". It must be forwarded to the director of the program prior to the administration of medication.

**AUTHORIZATION:** In permitting my child to attend ATN's 2010 Summer Experience Program, I, the undersigned permit my child to participate in the full range of camp activities and authorize the Camp Director or his/her appointee, in the event of accident or illness affecting this above named participant to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the said participant. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that ATN is not responsible for the cost of medical care or ambulance.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**PHOTO RELEASE:** I authorize ATN to use any photos of my child obtained while engaged in the 2010 Summer Experience Program for promotional purposes.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_