

Please complete this form; photocopies will be accepted. **Remember to complete one Camper Application form for each child attending an HSC Camp Session.** To be accepted each application form must be completed, signed and dated by the child's parent or legal guardian.

Personal Information

PARENT/GUARDIAN LAST NAME		PARENT/GUARDIAN FIRST NAME	
ADDRESS			
CITY	POSTAL CODE	E-MAIL	
HOME PHONE	PARENT 1 PHONE	PARENT 2 PHONE	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	
CHILD'S NAME		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
BIRTH DATE (MM/DD/YYYY)		AGE	
HEALTH CARD NUMBER			

Has your child previously attended HSC Camps? YES NO

Has your address changed since your last registration? YES NO

Important Information about your Child

Friends at camp, position played in sports, or other important information:

Medical conditions, food or other allergies:

Camp/Program Name: _____

Payment Information

PAYMENT METHOD:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	Cheques payable to: Hillfield Strathallan College
Please do not send cash in the mail.		Amount Enclosed: \$	

Camp T-Shirt Order

Please indicate size for your child's camp t-shirt by circling a choice.

Youth: XS S M L XL **Adult:** S M L XL

Authorization - Please read carefully

I recognize the risk of injury or potential health risk that may be involved in participation in the named program/activity. I hereby willingly assume such risk of injury or health risk for the above-named child for whom I am in law responsible and assume full responsibility during his/her participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators; successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE Hillfield Strathallan College, all other organizations, associations, companies associated with any of the programs offered by Hillfield Strathallan College, and all their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damage costs and actions, whatsoever and howsoever caused, arising or to arise by reason of my child's participation in the program or any of its associated activities. By signing below, parents, guardians and campers agree to abide by all rules, regulations, financial policies and procedures and expectations for behaviour as described in the HSC Camps information.

Photo Release

I hereby give Hillfield Strathallan College and their legal representatives and assigns, the right and permission to publish/broadcast, without charge, photographs/images taken of my child during his/her participation in camp programs and activities. These photographs/images may be used in HSC publications, including electronic publications, during TV broadcasts, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Signature of Parent/Guardian: _____ **Date:** _____