

2015 SUMMER RADIO CAMP ENROLMENT FORM

Contact: radiocamp@ckuw.ca / Office Phone: 204-786-9782 / www.ckuw.ca

PLEASE PRINT CLEARLY

Campers First Name	Initial	Campers Last Name	
(M / F)			
Date of Birth (mm/dd/yyyy)	Sex		
Street Address	Apt. No.	Postal Code	Phone Number
<u>Attending:</u>			
Session 1 – Aug 10–14 []		Session 2 – Aug 17-21 []	
Session 3 - Aug 24-28 []			

Emergency Contact Information

Contact #1	Contact #2
Name	Name
Relationship to Child	Relationship to Child
Home Phone Number	Home Phone Number
Work Number / Cell Number	Work Number / Cell Number

Does your child have any allergies or health conditions that we should be aware of? (Y / N)

If so, please list them:

Does your child need to take any medications during the daytime when the camp will be taking place? (Y / N)

If yes, please list them:

I, _____ give permission for my child _____ to attend

Name of parent/guardian

the 2015 CKUW Radio Camp. I consent to all field trips and workshops.

Signature of parent/guardian

Date: _____