

# 2017 SUMMER RADIO CAMP ENROLMENT FORM

Contact: [radiocamp@ckuw.ca](mailto:radiocamp@ckuw.ca) / Office Phone: 204-786-9782 / [www.ckuw.ca](http://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
<b><u>Attending:</u></b>			
Session 1 – Aug 14–18 [ ]		Session 2 – Aug 21-25 [ ]	
Session 3 - Aug 28 - Sep 1 [ ]			

## 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:

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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:

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I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to attend

Name of parent/guardian

the 2017 CKUW Radio Camp. I consent to all field trips and workshops.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date: