



Contact: ckuwradiocamp@gmail.com / Office Phone: 786-9782 / www.ckuw.ca

CKUW SUMMER RADIO CAMP ENROLMENT FORM

PLEASE PRINT CLEARLY

First Name	Initial	Last Name	
(M / F)			
Date of Birth (mm/dd/yyyy)		Sex	
Street Address	Apt. No.	Postal Code	Phone Number
<i>Attending:</i>			
Session 1 – July 13-17 []		Session 2 – July 27-31 []	
Session 3 - August 10-14 []			

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 so, please list them:

I, _____ give permission for my child _____ to attend
Name of parent/guardian
the 2009 CKUW Radio Camp. I consent to all field trips and workshops.

Signature of parent/guardian

Date: _____