



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

2014 SUMMER RADIO CAMP ENROLMENT FORM

PLEASE PRINT CLEARLY

First Name	Initial	Last Name	
		(M / F)	
Date of Birth (mm/dd/yyyy)		Sex	
Street Address Number	Apt. No.	Postal Code	Phone
<u>Attending:</u>			
Session 1 – Aug 11–15 []		Session 2 – Aug 18-22 []	
Session 3 - Aug 25-29 []			

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 2014 CKUW Radio Camp. I consent to all field trips and workshops.

Signature of parent/guardian

Date: _____