

G.O.R.B.A. Youth Registration & Emergency Contact Form

(All personal information on this form will be kept in the strictest of confidence and will only be used in the event of an emergency)

Bike Camp Date : June 6th 2009

Participant(s) Information (same family only)

Child's Name (First & Last)	Male/Female	Age on Camp Date	Date of Birth (DMY)

Family Information

OHIP # _____

Parent / Guardian Name: _____
(First Name) (Last Name)

Mailing Address: _____
(Street & Apt. #) (City / Town) (Postal Code)

Telephone: Home: () _____ Work: () _____ Cellular: () _____

E-mail: _____

Name of individual(s) picking up child: _____

Medical and Emergency Information (If parent / guardian above cannot be reached)

Emergency Contact Name: _____ Relationship to Child: _____

Telephone: Home: () _____ Work: () _____ Cellular: () _____

Doctor's Name: _____ Phone: () _____

Special Needs / Allergies: _____
(or other medical information (Child's Name) (Details)
or concerns we should be aware of)

_____ (Child's Name) (Details)

_____ (Child's Name) (Details)

T Shirt Size please circle one **Youth...** S M L **Adult...** S M L

Pizza Preference please circle one **Cheese** **Pepperoni**

Pictures are frequently taken throughout the camp and there is a possibility that your child's picture could appear in future brochures or on the GORBA website. Do we have your permission to use these photos? Yes () No ()

Please state any further information about your child, which may be helpful in our program development, and for our staff to be aware of:

I have provided G.O.R.B.A with all necessary medical information and I can be reached at the number(s) listed. In an emergency, I authorize G.O.R.B.A. to secure medical care for my child.

Dated at _____ this ____ day of _____ 2009. Parent / Guardian Signature _____