

WELL-ROUNDED KIDS INC.

BRINGING SPORTS, ARTS AND LITERACY TOGETHER
www.wrkcamps.com

(905) 726-0338 FAX: (905) 853-6623
16715-12 Yonge Street, Suite 195
NEWMARKET ON L3X 1X4

FORM #1 FAMILY INFORMATION FORM FOR ALL CAMPS 2010

Camper's Family / Last Name: _____

Camper First Name(s)	Age Grade 09/10 school year	Health Concerns (please elaborate on back)	Health Card Number
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

FORM #2 (Registration form): required for each individual camper, every time a payment is processed. If registering for Hilltop Skating / WRK Combination Camp, please send both WRK forms #1 and #2 to Hilltop with payment and Hilltop registration package.

FORM #3 (Anaphylaxis form) is required for all campers with severe allergies (with photo).

FORM #4 (Reading level form) is requested for campers attending "The Works" and Junior Camp (not WRK Sports)

Mother / Guardian:

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Bus Phone: _____
E-mail: _____
Mailing Address: _____

Father / Guardian:

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Bus Phone: _____
E-mail: _____
Mailing Address: _____

In the event you need to be contacted from the camp, please number the order of phone numbers that should be used for the parent/ guardian that should be contacted first.

Please provide your e-mail address in order to receive your confirmation and receipt!

If there is a divorce or separation in the family, and there are custodial arrangements we should be aware of, please make a note of them here:

go to p2 /

Who has permission to pick the above named children up from camp? Campers will not be released to anyone not listed as a parent, emergency contact, or under this section. We will assume that the emergency contact is a part of this list:

Emergency Contact: (someone other than parents)

Name: _____ Relationship to Child(ren): _____

Primary Phone: _____ Alternate Phone: _____

Family Doctor:

Name: _____ Phone Number: _____ Municipality: _____

Waiver and Informed Consent:

I, the undersigned parent or guardian, acknowledge that Well-Rounded Kids Inc. and its directors and staff; and Pickering College, and its directors and staff will not be held responsible for any accident, injury or loss, however caused, and agree to release Well-Rounded Kids Inc., and Pickering College and their directors and staff from all damages or claims which may arise as a result of such accident, injury or loss. I hereby give permission for my child(ren) to participate in programs run by Well-Rounded Kids Inc. and understand the inherent risks associated with sports and camp activities and have read and understand the foregoing provisions. Well-Rounded Kids Inc. reserves the right to use photographs of campers / children in its programs for promotional purposes.

X _____ X _____ X _____
Name of parent or guardian (please print) Signature date

Travel Consent (Hockey, Swimming and Figure Skating Participants):

I, the undersigned parent or guardian, give permission for my child(ren) to participate in camp activities held offsite at Town of Newmarket Arena and Aquatic Facilities. I also give permission for my child to be transported by chartered bus to and from Pickering College and said facilities. I understand that traveling by bus involves certain risks and dangers that are inherent to transportation. I hereby release Well-Rounded Kids Inc., Pickering College, and their agents, staff and directors from any liability with respect to any damage or injury during participation in the camps, including traveling to and from said locations.

X _____ X _____ X _____
Name of parent or guardian (please print) Signature date

How did you hear about our camps? (Please circle)

Parents of other campers

Hockey Clinics

School flyer distribution

Teacher recommendation

The Month Ahead magazine

Other (please specify): _____