



Children's Easter Camp Registration Form

1) Student Information

Name: _____ Age: _____

Gender: _____ Grade: _____

Parent Name: _____ Contact phone # in case of emergency: _____

Email Address: _____ Health Card No. _____

2) Student Information

Does your child have any medical history which we should be aware of (asthma, diabetes, heart problems, food allergies, etc.)? If so, please describe:

For the health and safety of all campers please do not send your child to camp if he/she has had a fever or experienced vomiting, diarrhea, or any other symptom of contagious conditions during the camp week.

3) Permission of photo release :

I give permission to the Confucius Institute at the University of Saskatchewan to publish or display pictures of my child for use in future promotion publications such as brochures, websites, and multimedia presentations.

Please Check: _____ yes _____ no

Application Policy

The camp fee is \$100.00. There will be no refunds for days not attended. Cash or cheque can be made to Confucius Institute, Room 205, Arts Building, 9 Campus Drive, Saskatoon, SK, S7N 5A5.

PARENT / GUARDIAN AUTHORIZATION

I hereby grant permission for my child to participate in the Easter Camp. I understand that he/she will be supervised by the Camp staff. I grant the staff of the Camp my full support and faith in what they are doing. I assume full responsibility for my child in the event of an accident or injury; I will hold harmless all staff, except as such is due to gross negligence or willful misconduct on the part of the camp staff.

PARENT SIGNATURE: _____

DATE: _____