



Airdrie Food Bank- Summer Camp Registration



PLEASE PRINT

Date: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Telephone: _____ Cell: _____ E-Mail: _____

Name of Participant: _____ Age: _____ Session Requested: _____

Name of Participant: _____ Age: _____ Session Requested: _____

Add additional names if required

_____ Age: _____

_____ Age: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

People authorized to pick-up the camper:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

As a summer camp participant, you may be privy to confidential information. Please read the following statement and initial it, indicating your acceptance. Thank you for your understanding.

I, the undersigned, do willingly promise to hold in confidence all personal matters that come to my attention while at the Airdrie Food Bank. This includes material from and about any person involved in or associated with the Food Bank. I will respect and uphold the privacy of the people with whom I am in contact and will conduct my duties in a responsible and respectful manner. In order to ensure confidentiality of information, I will not under any circumstances, release, repeat or otherwise convey information that is not published or available to persons outside of the Airdrie Food Bank.

Camper Signature: _____ Date: _____

Parent/Guardian (for under 18 yrs.) Name: _____ (Please print)

Signature: _____

Phone: _____

Medical/health conditions or allergies:

Other pertinent information: _____

For Office Use Only

Session: _____

Payment Received _____

Other _____