



**YouthSongs Summer Day Camp**  
**July 5 – 9, 2010, 9:00am to 3:30pm**  
**2010 Registration Form**

*Aeolian Hall – 795 Dundas St. East – London, Ontario N5W 2Z6*  
*519-672-7950*

**Participant Information**    *Ages 11 - 15*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

**Health Information**

Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any medication and doses that your registrant will be taking at day camp:

\_\_\_\_\_

Are there any health concerns or special considerations that the camp should know about in order to better facilitate your child's experience?

\_\_\_\_\_

**Custodial Parent/Guardian Information**

Registrant is in the custody of:

Both Parents    Mother Only    Father Only   Other: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Emergency Contact (other than Parent/Guardian): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who will be dropping off/picking up participant: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Course Fee:** \$300 incl. tax. Children are required to bring nut-free lunches and tax receipts will be issued.

**Payment Type**

**Cash**  **Visa**  **MasterCard**  **Cheque** (Made payable to the *Home County Folk League*)

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Mailing address for cheques:

*Home County Folk League C/O The Aeolian Hall  
795 Dundas Street East  
London, ON, N5W 2Z6*

**Any Additional Comments**

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**How did you hear about YouthSongs Summer Day Camp?**

Newspaper  Caregiver  Website  Flyer  Through school  Poster  Other \_\_\_\_\_

**Parent/Guardian Permission**

As a legal guardian I give permission for the registrant to participate in all phases of YouthSongs day camp activities, including performing at the Home County Folk Festival 2010. I understand that it is my responsibility to provide my registrant with a packed lunch and snacks for the duration of the camp.

In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

I understand that when participating in YouthSongs activities the registrant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional and fundraising materials, news releases and other published formats, and will be the sole property of The Home County Folk League.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

