



JSANO

Summer Camp Registration Form

c/o Northern College
 140 Government Road East
 Kirkland Lake, Ontario P2N 3L8
 Tel: (705) 567-9291 poste 3634
 Fax: 1-705-568-8186
jsano@jsano.com

Week 1 AM: _____

PM: _____

Week 2 AM: _____

PM: _____

Payment

Payment Method (please circle): Cash Cheque Date paid : _____

***Financial aid information available upon request*

Personal Information

Student's Name: _____ Age: _____

Parent/Guardian: _____

Address: _____ Postal Code: _____

Preferred telephone #: _____ Alternate: _____

We will be calling one week before classes start as a reminder. If you would rather be emailed, please provide your email address: _____

Emergency Contact

The emergency contact will be contacted in the event that the parent/guardian is unavailable

Name: _____ Relationship to child: _____

Preferred telephone #: _____ Alternate: _____

Health Conditions/ Behavioural Issues/Allergies/Medications/Information Pertinent to Instructors

Suggestion: The JSANO Board encourages parents to read the code of conduct and explain it to their children. We are available to answer any questions arising from this policy.

Consent

I am permitting _____ to attend JSANO classes.

I acknowledge that there is a risk of injury in any activity for which I am registering. I hereby accept the risk in participating in JSANO classes hereby release JSANO from all claims of any kind that may arise.

Signature of Parent/Guardian

Date Signed

Consent of Photography

I allow JSANO to take pictures/images of my child, as a participant of JSANO for promotional matters.

Signature of Parent/Guardian

Date Signed